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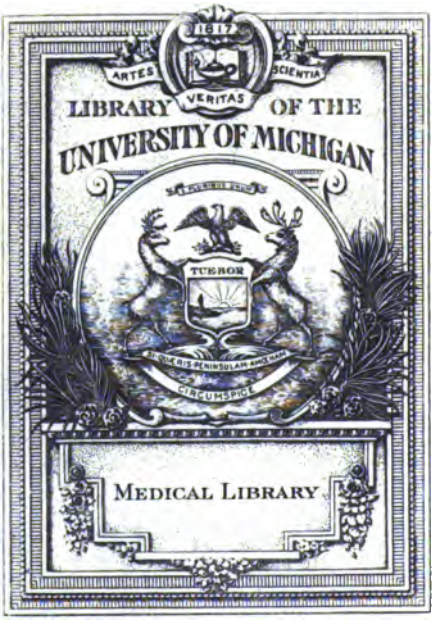
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THE

MONTREAL MEDICAL GAZETTE

BEING

A Monthly Journal of Medicine,

AND

THE COLLATERAL SCIENCES.

Edited by Francis Badgley, M. D., and William Sutherland, M. D.

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THE

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VOL. I. MONTREAL, APRIL 1, 1844. No. 1.

In submitting to its readers, the present number of the *Montreal Medical Gazette*, in a garb differing from that in which it first appeared, the Editors feel themselves called upon to account for the sudden change. Their original object, in publishing in the two languages, is plain enough; they were desirous of securing the co-operation of the Canadian medical men; but several members of this class having themselves informed the Editors that by far the greater part could thoroughly understand English, the supposed necessity for the translation into French ceased to exist. They have therefore, without hesitation, been guided by the advice, and have with cheerfulness complied with the suggestions which naturally followed,—namely, that the part of the impression thus left them should be devoted to rendering the journal more useful, by making it more worthy of being supported.

The Editors confidently trust that their French Canadian subscribers will not deem the change a breach of faith: their information has been obtained without solicitation, and they have every reason to believe it correct. At all times the pages of the *Gazette* will be open to communications in the French language, and they hope these will be numerous.

The Editors have determined upon making the present number the beginning of the series. This is the reason of the republication of the first portion of Dr. Spence's, and the entire of Dr. Crawford's communications. The number issued last month was but a "feeler"—they beg to inform their readers, that they are actuated by the same motives, and shall be regulated by the same principles, as appeared in their prospectus.

For themselves—though their labour will be much increased, they rejoice in the opportunity thus afforded of making their *Gazette* less objectionable: for, truth to tell, they have felt as if the words of the poet, with slight modification, were justly applicable to themselves: "*tenui musam meditantur avenâ*"—in the vernacular—they cultivate physic on rather too thin gruel.—They'll try to render the dose more palatable.

OBSERVATIONS ON THE VENEREAL DISEASE, WITH NUMEROUS CASES,

BY THOMAS SPENCE, M. D.

Staff Surgeon of the First Class.

AMIDST the varied improvements which have marked the progress of Medical Science, during the present century, no one has conferred greater benefit upon mankind, than that which has led to more safe and less empirical principles in the treatment of the Venereal Disease. So far has this influence extended, that many practitioners are led to believe in a change of its specific nature, that its virulence is diminished, and that, howsoever it may be treated, the frightful effects of former days are no longer to be expected; be this as it may, the numbers of martyrs are now comparatively few, and the miserable and disgusting objects which were formerly common, even in the more respectable classes of society, are now but rarely seen; this change, however, may I think with greater propriety be ascribed to the more cautious administration of mercurials, for in this respect all men are now careful, and some there are who abstain entirely from the internal use of mercury for Primary Syphilis. It has however appeared, that the profession is still in want of facts, whereby in this important particular more precision may yet be attained, which from the peculiar circumstances of the service, the Military Surgeon is in a condition to afford, and therefore I do not hesitate to make public, through the medium of the "Montreal Medical Gazette", the result of my practice in the Venereal Disease, during the time I had the honor to serve in the 52d Light Infantry. At this moment is before me a document in which are entered the name of the patient, description of disease, means of treatment, and number of days in Hospital, of every case of Ulcer on the Genitals, occurring in nine years, with a continuous space for corresponding observations on the occasion of secondary disease, and in this way 367 cases are recorded, all of which have been treated strictly without mercury, and secondary disease has occurred in twenty one cases only, the particulars of which are here detailed.

Name.	Date.	Disease.	Treatment.	N. of D. in Hos.	Date of Sec'dary Disease.	Description of Secondary Disease.	Treatment.	N. of D. in Hos.
W. P.	Dec. 7, 1831.	Foul ulcer near the frœnum, with excoriation of the glans and swelling of the prepuce.	Poultices, black wash, aperients.	8	Jan. 31, 1832.	Sore throat and papular eruption.	Sarsaparilla & aperients, with bark and acid gargles.	160
C. W.	Jan. 18, 1832.	Foul ulcer near the frœnum.	Caustic, blue stone, and aperients.	22	Mar. 22.	Iritis of both eyes.	Mercury to ptyalism, blisters and belladonna.	54b
M. S.	Oct. 20.	Simple sore without any inflammation.	Black wash, blue stone, & aperients.	20	Aug. 9, 1833.	Foul spreading ulcer of the Pharynx.	Sarsaparilla, nitro-muriatic acid baths, and mercurial fumigations.	143c
P. D.	Nov. 17.	Foul sore on the prepuce, near the corona glandis.	Caustic, black wash, & aperients.	22	Dec. 22, 1833.	Iritis, pains, sore throat, and papular eruption.	Mercury to ptyalism, and sarsaparilla, with belladonna.	165d
J. M'C.	Dec. 12.	A deep sore on the extremity of the glans and another behind the corona glandis.	Caustic, black wash, & aperients.	29	Jan. 18, 1833.	Iritis, sore throat, pains in the limbs, Rupia Prominens.	Mercury, nitro-muriatic acid baths, sarsaparilla, and belladonna.	48e
P. P.	Jan. 12, 1833.	Sore on the corona glandis.	Black wash, caustic, and aperients.	16	Apr. 14.	Pain in the knees and shins, papular eruption.	Sarsaparilla.	50f
L. H.	July 27.	Foul spreading ulcers at the root of the penis and scrotum.	Caustic, black wash, poultices, & aperients.	42	Jan. 23, 1834.	Foul deep ulceration of the throat, with purple blotches on the face.	Mercurial fumigations, gargles, blue pills, and sarsaparilla.	41g
M. M'D.	Nov. 9.	Foul sore on the prepuce.	Caustic, black wash, & aperients.	46	Jan. 23.	Pain in the joints, papular eruption Iritis.	Mercury, sarsaparilla, blisters, and belladonna.	70h
C. R.	Sept. 11.	A large sore on the body of the penis.	Poultices, black wash, & aperients.	20	May 6.	Foul spreading ulcer of the fauces.	Blue pill, nitro-muriatic acid, gargles, sarsaparilla, and fumigations.	65i
W. W.	June 1, 1834.	A small circular foul sore on the penis.	Caustic, black wash, & aperients.	15	Aug. 11.	Pain in the shoulders and knees, papular eruption.	Sarsaparilla, nitro-muriatic acid baths	49j
C. M'C.	May 11, 1834.	Swelling of the prepuce, copious purulent discharge—two foul sores behind the corona glandis.	Cold lotions, caustic, black wash, & aperients.	19	.....	Not known.	Mercury to ptyalism.	
					May 30, 1835.	Pains in the shins, swelling of the legs and blotches on the face.	Sarsaparilla, nitro-muriatic acid foot baths.	60k
G. G.	Oct. 9.	Foul sore behind the corona glandis.	Caustic, black wash, & aperients.	18	Nov. 5.	Pains in the limbs and papular eruption.	Sarsaparilla, & aperients.	15l
J. R.	July 29.	Deep foul ulcer behind the corona glandis, with hard edges.	Poultices, caustic, black wash, & aperients.	24	Aug. 23.	Pains in the limbs, fever, followed by scrofulous swelling under the lower jaw.	Nitro-muriatic acid baths, sudorifics, and sarsaparilla.	...m
J. C.	Sept. 12 1833.	Foul elevated sore near the frœnum with tendency to slough.	Caustic, black wash, & poultices.	13	Apr. 21, 1834.	Pains in the limbs, swelling of the tonsils, papular eruptions.	Alteratives, sarsaparilla, fumigations, & nitro-muriatic acid.	...n

General Observations.—*a* In good health till 1834, when he died of cholera. *b* Once in hospital since, with fever. *c* This man having always been very unhealthy was discharged the service. *d* Good health since. *e* Health good, but one testicle become enlarged. *f* Health good since. *g* Good health since. *h* Once in hospital since, with fever. *i* Good health since. *j* Good health since. *k* Treated on Detachment. *l* Treated at Head Quarters; good health since. *m* Good health since. *n* Under treatment when this return was completed, but eventually quite recovered. *o* Discharged the service for scrofulous swelling in the neck, but eventually recovered.

Name.	Date.	Disease.	Treatment.	N. of D. in Hos.	Date of Sec'dary Disease.	Description of Secondary Disease.	Treatment.	N. of D. in Hos.
D.	Nov. 5.	Not described.	Black wash & aperients.	27	July 29.	Iritis of the left eye	Mercury to ptyalism, belladonna, sarsaparilla.	39a
W. W.	July 26, 1833.	Deep foul sore at the extremity of the urethra.	Caustic, black wash, & aperients.	24	Sept. 5.	Pains and papular eruption.	Aperients & sarsaparilla.	33b
W. B.	Feb. 7.	Superficial sore on prepuce & another behind the corona glandis with hard edges.	Caustic, black wash, & aperients.	16	April.	Papular eruption, for which he took mercury whilst on Detachment.	Sarsaparilla, at Hd. Qrs.	60c
G.	Apr. 12.	Foul sore near the frœnum, not deep but spreading.	Aperients, black wash, & poultices.	...	May 19.	Sore not healed, has ulceration of the tonsils and an eruption of a scabby character over the whole body, which falling off leaves ulcers.	Alteratives, sarsaparilla, nitro-muriatic acid baths, gargles, and mercurial fumigations.	151d
J. B.	Sept. 22, 1833.	Phymosis with swelling of the prepuce and extensive ulceration of the penis, and suppurating bubo.	Poultices, caustic, blue stone, black wash, dilute nitric acid, & aperients.	37	Nov. 22.	Pains, papular eruption.	Repeated courses of mercury, sarsaparilla, and nitric acid. e	
J. B.	Sept. 25, 1834.	Extensive sloughing ulceration of penis.	Calomel sprinkled on the sore which affected the syst. black wash, poultices and aperients.	41		Whilst under treatment he became affected with pains in the knees and shins, Rupia Prominens, and a general break up of the constitution.	Sarsaparilla, blue pills, nitro-muriatic acid baths, anodynes, & sudorifics. f	

General Observations.—*a* Not in hospital since. *b* Good health since. *c* Recovery complete, was afterwards discharged the service in consequence of an injury to the tibia. *d* This man being of very intemperate habits, received a blow on the head while drunk, which was followed by Erysipelas, of which he died. *e* Health so much impaired as to unfit him for ordinary duty, but was employed as an orderly in the hospital until he was again affected with primary disease as below. *f* Discharged the service, and since died, though the immediate cause is not known.

Thus then, according to the foregoing table, 1 case in 17 has been affected with secondary disease, and 3 individuals out of 367 have been so injured by the disease as to be incapable of the duties of soldiers; A papular eruption occurred in 2, pains in the limbs in 9, iritis in 5, and ulcerated throat in 7. Mercury to Ptyalism has been administered in 7 of these secondary cases, more particularly in those of inflammation of the iris, and alteratives with sarsaparilla and the nitro-muriatic acid baths in the remainder. From the same record of practice I am enabled to adduce another table of "Secondary Venereal Disease" occurring after ulcers on the Genitals, treated with Mercury elsewhere than in the Regimental Hospital, whereby it will appear, that the number of cases of constitutional disease is very great in proportion to the local affections, which may be presumed to have been treated; and the destruction to health and efficiency seems to have been equally great. This document, however, is in some degree incomplete, because in many of the cases we have no description of the Primary Sore.

Name.	Date.	Disease.	Treatment.	N. of D. in Hos.	Date of Sec'dary Disease.	Description of Secondary Disease.	Treatment.	N. of D. in Hos.
C. W.	Jan. 13, 1833.	Small sore under the prepuce.	Mercury to Ptyalism, in the General Hospital.	16	Mar. 30, 1833.	Papular eruption, with pains in the legs; had an attack of jaundice whilst in Hospital.	Sarsaparilla. Mercury to Ptyalism for jaundice.	20a
J. S.	Oct. 29, 1832.	Mere excoriation, followed by a bubo.	Mercury to Ptyalism, in the General Hospital.	30	April 4, 1833.	Pains in the limbs and a papular eruption.	Sarsaparilla, and Fowler's solution.	51b
J. C.	June 14, 1832.	Several sores behind the corona glandis.	Poultices, black wash, & aperients.					
.....	Jan. 4, 1833.	A small sore which had healed before admission, but followed by a bubo.	Mercury to Ptyalism, in the General Hospital.	90	April 14	Pains in the limbs and a papular eruption.	Sarsaparilla, arsenic, and aperients.	50c
J. F. P.	.....	This man was never under treatment to my knowledge for a primary sore, but has marks of recent ulceration near the frœnum.	Mercury, suspected from the state of the gums.		May 14.	Iritis.	Bleeding, blisters, and mercury, with belladonna externally.	41d
H. J.	.....	Not known.	Merc. to Ptyalism, by an Apothecary.		March.	Pain in the limbs and a papular eruption, sore.	Sarsaparilla, and nitric acid.	90e
M. C.	.....	Sore on the penis, at Portsmouth, in General Hospital.	Mercury to Ptyalism.			Eruption, the character of which not known.	Mercury to Ptyalism at Portsmouth.	
					Jan. 18.	Ulcerated sore throat, deafness, a scabby eruption eventually assuming the character of Rupia.	Bleeding, sarsaparilla, nitric acid, & aperients.	30f
G. W.	June 1.	Several sores on the penis behind the corona glandis and bubo.	Black wash, cold lotions, poultices, &c					
.....	Dec. 1.	Several ulcers on the glans, copious discharge.	Black wash, caustic, and blue stone.					
.....	June, 1833.	Admitted from Detachment with a large bubo in the left groin.	Mercury to Ptyalism by a civil practitioner.		Oct. 16, 1833.	Papular eruption.	Sarsaparilla & aperients.	20g
J. F.	January 1833.	Not known; occurred when on Det. at Navan.	Mercury to Ptyalism.		Sept. 14.	Pains in the limbs and papular eruption.	Nitro-muriatic acid baths, and sarsaparilla.	22h
T. B.	.....	Not known.	Mercury to Ptyalism.		Aug. 13.	Fever, pains in the limbs, Iritis, engargement of the testicles, ulcers on the breast.	Mercury, belladonna, sarsaparilla, &c.	13 months.
G. S.	.....	Not known.	Mercury to Ptyalism, at Carrick on Suir.		Mar. 30.	Papular eruption.	Baths and sarsaparilla.	20i
					June 20.	Iritis.	Mercury and belladonna.	30j
J. P.	July.	Not known.	Mercurial ointment & pills to Ptyalism.		August.	Papular eruption, pains in the limbs, swelled testicle, and ulcerated sore throat.	Sarsaparilla, aper'ts, with alteratives after the testicle swelled.	6 months.

General Observations.—*a* Good health since. *b* Good health since. *c* Deserted. *d* Good health since. *e* Discharged the service for a break up of constitution. *f* Health greatly improved—only fit to work in a tailor's shop, and eventually discharged the service. *g* Has had good health since. *h* Good health since. *i* Discharged the service. *j* Died idiotic from disease of the brain. *k* Health since tolerably good.

From these data I feel justified in persevering most strictly to treat ulcers on the genitals without the administration of mercury, and merely beg in conclusion to suggest, that each practitioner, before adminis-

tering this supposed specific for ulcers on the genitals, should weigh well its probable consequence. Does he thereby hope to prevent an attack of constitutional disease? then I tell him, he will be deceived, for every day's experience goes to prove, that mercury has not this effect, and it was only yesterday a soldier presented himself for admission into a Regimental Hospital, with "ulcerated sore throat," pains in the limbs, and a "copper coloured eruption" on the body, who, upon enquiry, I found had, one month previously, taken 17 blue pills, which occasioned Ptyalism, for an ulcer on the glans penis; but perhaps the practitioner may be of opinion, that although he cannot prevent secondary disease, yet, by a gentle and cautious mercurial course, he will ensure a more manageable form, when it does appear. In this opinion, it is much to be feared he is not borne out by facts, for in truth, the result is generally quite the reverse, and instances in abundance present themselves like to that of a young officer, in this country, who was treated by a mild course of mercury for an ulcer of the penis, which was sometime after followed by inflammation of the testicle, proceeding on to abscess and ulceration, attended with severe rheumatism, and a cachectic state of the constitution; he was sent home, and by means of the iodide of potassium and sea air, he for the time recovered, but on a relapse it was considered by his medical attendants necessary to subject him to another course of mercury. He is dead.

Of all the remedial agents at present available for the state of constitution consequent upon Syphilis, I know none to be compared in efficacy with a combination of iodine and quinine, which I have prepared in a variety of forms, but which seems best, when about 20 grains of quina (procured by decomposing the disulphate with ammonia) is combined with about 15 grains of iodine, each having been previously dissolved in rectified spirit; a few drops of the yellow solution, containing about a grain of the salt, may be given once or twice a day in a glass of sherry or port wine, the salt being very insoluble in water. For want of chemical knowledge, I have experienced much difficulty in preparing this medicine, and this deficiency prevents my describing more scientifically the combinations which have been met with. At first I took equal parts of sulphate of quinine and iodide of potassium, dissolved in a little water in separate vessels, with as much sulphuric acid as was sufficient to hold the sulphate of quina in solution; on mixing them together, a yellow substance was procured, insoluble in water, but easily dissolved in spirits, which, on being added, threw down the sulphate of potassa, easily got rid of by the filter; on evaporating the yellow solution, long and beautiful crystals were obtained, which, I am led to believe, is an iodide of quinine, the iodine being evidently in combination with the quina, as evidenced by its not shewing the char-

operandi, of this application, and that of nitrate of silver, it occurred to me, to make trial of it in small pox; with the view of preventing pitting and scars, for which object the nitrate of silver has been so frequently used.

A severe case of variola confluenta being admitted, into the Montreal Hospital, in the end of September last, on the second day of the eruption, which was attended by considerable tumefaction of the face; the forehead and one cheek were painted with the tincture, the immediate effect of which was to cause a good deal of pain, which however subsided in a short time, and appeared in some degree to remove the burning and itching, peculiar to the disease; the application of the tincture was repeated daily, with marked good effects, the tumefaction of the face in some degree subsiding, and the pustules becoming flat, as the remedy appeared to abate the violence of the inflammatory action, on the parts to which it had been applied; it was extended over the whole face; a comparative test was therefore not fully instituted, however, the parts most frequently painted formed much thinner scabs than those which had been less so: these crusts fell off sooner, leaving a surface distinguishable by the fewer pits and slighter marks. Although this case was very severe, and terminated fortunately, it was by no means a favourable occasion for experimenting, the eruption having already been two days out, and the inflammation and tumefaction having attained a considerable height, before the opportunity was afforded for using the application; in addition to which, the cautious and sparing manner in which it was used, necessarily limited its effects materially; however they were sufficiently evident to encourage further trials and warrant its safety.

Shortly after this, a case of variola discreta occurred in the Hospital, accompanied with considerable fever and delirium; the patient said he never had been vaccinated; the eruption was profuse but distinct. The tincture was applied over the whole face daily from the first day, for about five or six days. The pustules went through their regular stages, but did not accuminate, remaining flat: and the face did not swell. The thin crusts on the face fell off at about the end of a week, leaving it free from any pitting. The pustules over the rest of the body filled well, and formed thick scabs, which remained several days longer—one of the hands was also painted to show the contrast, and had a very satisfactory result.

The third case was one of variola modificata; in this case the face was at first only partially painted (as was also one hand) to show a contrast; the good effects were soon evident, and the application was then extended over the rest of the face, to prevent any risk of pitting, as the patient was a good looking young woman; on the parts most frequently painted, the eruption scarcely formed any pus, and the crusts were very thin

and son fell off, leaving the parts free even from discoloration, rendering them for some time distinguishable from the others.

The last case that I shall notice, is most particularly satisfactory; not only from its issue, but also from its being under the care of Dr. G. W. Campbell of this city, with whom I frequently visited it. The violence of the febrile symptoms, and extent of the eruption, led Dr. Campbell to suppose, that it would prove a confluent case. He ordered the tincture to be applied over the whole face, and on visiting the patient next day, was so pleased with the result, that he directed its application to be made daily; the pustules on the face, although they went through their regular stages, remained flat and small, the face remained free from tumefaction, with the exception of one of the eye lids which was slightly puffed. She had no delirium after the application of the tincture, the crusts which were very slight on the face, fell off early: leaving it free from pitting, while extensive thick and continuous scabs covered the limbs, and principal parts of the body; and which confined her to bed, many days after those on the face had fallen off, giving her a great deal of uneasiness and discomfort. Throughout her complaint, she said her face was her only tolerable part, and although the tincture gave her pain for about an hour after its application, it quite removed the variolous pain and itching, and left her so far comfortable during the rest of the day.

Very little constitutional treatment was resorted to in any of these cases; which have been seen by several members of the profession.

I have heard that some of my medical brethren have been following up the above suggestion, and I learn the application has given satisfaction; my object, however, not being for the purpose of recording cases, but rather to offer a hint generally to the profession, that the application may be fully and fairly tested, I have preferred giving merely my own personal experience on the present occasion.

I believe almost every one will admit the inefficacy of the several applications hitherto recommended, for the above contemplated object, as well as the disagreeable nature of most of them, or the difficulty of their application. The tincture of Iodine will be found, I apprehend, not only more efficacious, but also more manageable, and endurable by the patient; I am of opinion that the advantages derivable from its use, will in a great measure depend on its employment in the earliest stages of the eruption, and its steady and daily repetition,—by which means the inflammatory action is moderated, and thereby the destruction of the cutis vera, and subcutaneous cellular substance, and consequent pitting prevented; and also from the relief it affords to the itching, preventing the involuntary scratching and tearing, so frequently a cause of great evil; how far it may be judicious to make a more extended application

of the remedy over the body, I am not prepared to say: from what I have witnessed I feel favourably disposed to it.

I shall trespass a moment longer, to notice an observation which has been made to me on one or two occasions, namely, "are we not likely, by an interference with the progress of a specific disease, to repel a morbid poison on the system, which nature appears to be endeavoring to throw off?" Without attempting any refutation of this antiquated view of the pathology of the disease, I shall merely notice, that the regular progress of the eruption is not interfered with, that the moderating of the inflammatory symptoms, by this application, renders the disease milder, and it is evident that whatever tends to effect this object, without depressing the vital powers, will be the surest means of saving the life of the patient, and of obviating the other dreaded consequences.

Hoping that your attempt to establish a Medical periodical in this city may be attended with success. I am, Gentlemen, your obedient servant,

JAMES CRAWFORD, M. D.

ON THE PNEUMONIA OF NEWLY BORN CHILDREN.

BY FRANCIS BADGLEY, M. D.

THE occurrence of the following case at the commencement of the present very severe winter, has induced me to draw the attention of my professional brethren to a disease of such imminent danger among children, and which from various circumstances favoring the presumption, I cannot but regard as of much more frequent occurrence in this cold climate than it is generally believed to be. When we remember, that according to the best statistical information that can be obtained in this city, (but which I must regret to acknowledge, is not only difficultly obtainable, but to a certain extent, necessarily imperfect,) the mortality in Montreal is absolutely twice and a quarter greater than that of London, we are naturally forced to enquire into the cause of this so great disparity; and although it is stated, that the number of deaths in this city is very considerably swollen out by the number of casual or transitory sick constantly met with in Montreal, nevertheless, this will not so reduce the rate of mortality as to enable us to say, that it is not mainly attributable to some specific cause existing in the locality, and more especially, when we bear in mind, how large a proportion of the deaths is to be found during the period of infancy. Farther, while we are free to confess, that hundreds of children up to the age of five, are yearly carried off in this city by the endemic diarrhœa of the summer months, yet I hesitate not to suspect, that another large

proportion also die of the disease under consideration during the inclement winter months, and this suspicion is strengthened by the circumstance that as nervous twitchings are present in this disease as well as in convulsions, many cases may be looked upon as cases of the latter, while in truth, pneumonia is the real disease. The following case will beautifully illustrate the disease, both from the presence of its characteristic signs and also from its rapid termination in death by asphyxia, or as Dr. Watson of London more correctly names it, apnœa.

Mrs. Patterson, aged 27, was delivered on the morning of the 2d January, after a natural but protracted labour, of a remarkably large, healthy, and well formed female child. Owing to the large size of the child's head, the violence of the expulsive efforts, and the immense tension of the perineum, I was in momentary and fearful expectation, that this would be lacerated with each pain; the labour was at length, however, accomplished with safety. For the first eight days, the child seemed to thrive remarkably well, the mother had an abundance of milk, and the infant performed her duty satisfactorily. On the morning of the ninth day, I noticed that the infant appeared unusually pale, and on enquiry of the mother I was informed, that the baby had passed a very restless night, that her face and extremities had felt excessively cold, and that although she appeared anxious for the breast, yet on being applied to it, she invariably let go her hold, after a few seconds, and that she had moaned much during the night. From the room being a cold one, (there was no fire in it), although there was a large stove in the adjoining one directly opposite the communicating door, I directed that the child should be kept as much as possible in the outer room, a calomel powder followed by castor oil, was administered, and warm flannels were applied to the chest and feet. In the afternoon I first noticed the greyish tint in the complexion, and there were then quickness of pulse, very slight occasional cough, and some little difficulty in breathing. I ordered the child to be put into a warm bath up to her middle for three minutes and to take a mixture containing tartrate of antimony every four hours. The bowels had been freely relieved by the oil. On the following morning I had no doubt of the nature of the disease, the colour of the skin was leaden and purplish, and especially round the mouth and nose; the efforts to cry were very laboured; a frequent harsh cough, the heat of the body much less than natural, with the hands and feet quite cold, the pulse very rapid and weak, and convulsive twitchings of the muscles of the face and extremities filled up the catalogue of symptoms. I prepared the poor mother for the worst; in five hours afterwards the child was a corpse. The parents were unwilling that a post mortem examination should be made; I could not, under the circumstances, press it, although I was extremely anxious

for it. My friend and neighbour Dr. Hall also saw the child for me about three hours before its death.

Now we learn by an extract from the Medizinische Zeitung, Berlin, July 29, 1835, published in the British and Foreign Medical Review for July 1836, that this disease first attracted the attention of Dr. Kluge of Berlin, during the cold autumn of 1817, at the Hospital of Charity in that city. In the first two cases of the disease, the symptoms manifested themselves 24 and 5 hours after birth. The characteristic symptoms which appear before that of pneumonia are coldness, paleness, and an ash grey or lead colour of the skin as in the commencement of cyanosis. The dyspnœa is not observed until this colour has become well marked. The disease is considered by Dr. K. to be owing to some impediment in the pulmonary circulation, producing a reflux of venous blood into the arterial, through the foramen ovale, causing congestion of the lungs and death by suffocation. It is most prevalent in February, especially if the cold increases suddenly and considerably, and less frequent in April and October. The youngest are most liable to be seized, and it has not been observed in any children above six weeks old. This is explained by the foramen ovale and ductus arteriosus beginning to close about this period, for they remain open during the first six weeks. Two cases are given in illustration both which proved fatal by asphyxia. "Subjoined are the post mortem appearances found by Professor Froriep, who carefully examined both bodies. The upper half of the body was of a violet colour, as well as the conjunctiva, tongue and gums. Sanguineous congestion of the cellulartissue of the aponeurosis of the cranium, of the sinuses of the brain, and of the brain itself, extravasated blood on the base of the cranium. The veins of the neck and subclavian veins distended. Pericardium containing some red serum. Heart natural, its left cavity contained only a small quantity of blood; on the contrary, the right cavities were considerably gorged as well as the trunk of the pulmonary artery, Foramen ovale and ductus arteriosus open. The greater part of the lungs (except some patches of a bright red) of a violet colour, almost approaching brown, and these parts sunk in water: in some places exudation of a brownish serosity, between the pleura and lungs—all the veins in the posterior part of the thorax gorged with black blood."

Such then are the history, symptoms, morbid anatomy, and explanation of this interesting disease, and in a climate such as that of Canada, it behoves the members of our profession to be on the alert when called in to cases presenting primary and characteristic symptoms such as those above detailed, for on their promptitude of action, after having satisfied themselves of the diagnosis, will depend the recovery or death of their little patient. Dr. Kluge distinctly states, "that if the change

of colour be noticed before the dyspnœa set in, the patient may be saved by the application of a couple of leeches to the sternum and the administration of calomel, but when the dyspnœa has commenced, there is no hope." From a conversation which I have had with two of the oldest practitioners in this city on the subject, I feel satisfied, that the opinion which I hazarded in the beginning of this communication is founded in truth, that many of the cases of convulsions, with discolouration of skin, said to have been met with in very early infancy, and which proved fatal, ought rather to be referred to pneumonia than to disease of the nervous system, independent of any derangement in the circulating organs.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

GENTLEMEN,

During the last Criminal Term held in Montreal, one Louis Beaucaire was tried for the murder of Rousseau. The circumstances are briefly as follow. The prisoner and the deceased had entered a tavern about five o'clock in the afternoon, of the 5th January last, and amused themselves throwing dice for treats, and drinking the same several hours after. Their passions became excited, and a quarrel ensued between them, which had reference to an old race-course affair. They were quieted by the barkeeper, and at that time, (about eight o'clock,) other persons came in who also created some disturbance among themselves, during which the deceased, apparently knowing the first party, threw off his coat, and offered to be a second. The barkeeper again pacified him, and was in actual conversation with him when he heard a heavy blow and saw him fall. On looking round, he observed the prisoner about seven feet distance, with the hot beer poker in his hand. The deceased instantly sprang up and exhibited blood on his left temple. He had been standing with his back towards the prisoner, so that it must have been a left two handed blow. The prisoner was forthwith disarmed, and turned out of the house. The police was sent for, and not finding the prisoner at the tavern, the deceased went out with them in search of him. A little after nine o'clock, the deceased returned to the tavern, and expressed himself perfectly assured that the injury he had received would not inconvenience him in any way; he was nevertheless prevailed upon to take a bed in the house, instead of going home. He accordingly went up stairs to a very cold room, accompanied by two other persons. At eight o'clock the next morning, the barkeeper went up stairs, and found him lying very quiet, but on shaking him he discovered him to be in a state of insensibility. Medical assistance was immediately sent for, and at ten, A. M. Doctor Tavernier arrived,

... deposed that on the 6th January last, about ten ... the deceased on a bed in Dubois' tavern, in a state of ... Visage was pale, and extremities cold. He observed a lace- ... in the left temporal region through the scalp, by which a ... pericranium was denuded. He took thirty ounces of blood ... employed cold applications to the head, and mustard ... but produced no amelioration in his condition. He ... professional assistance, and Doctor Hall came between ... o'clock.

... that he saw the deceased between eleven and twelve ... on the 6th January last, and that he found him in a state of ... insensibility from apoplexy. He remarked the wound on the ... described it, all that Dr. Tavernier had done, and said ... would recommend anything farther. He further declared ... did think the trephine could by any possibility, much less ... have been of any service.

... deposed, that Dr. Wolfred Nelson saw him, and he ... about twelve o'clock on the 6th January last, he found ... him in a very cold room at Dubois' tavern; at which ... was in a moribund state. He further deposed that ... observed, resorting only to warm and irritating appli- ... to extremities, because they were already cold of themseves, ... as much as He declared it was evident that their ... conditions depended on that state of the brain which ... pression and compression. As to the trephine, he ... would have employed, and placed his whole reliance ... evident both from the history of the case, and the ... of the case by the wound, that the insensibility was ... ation of extravasated blood pressing on the brain. ... I am confident there was a very fair chance ... had the trephine been applied in time.

... examination before the Coroner's inquest, Drs. ... only were present. And they both deposed that ... contusion without depression, was discovered in ... the parietal bone, extending towards the tem- ... there was a large coagulum beneath it, lying on ... had been formed by the rupture of one of ... middle meningeal artery. Dr. Nelson also added ... blow would not have caused death if the vessels ... condition, produced by drink, making them ... Ultimately returned a verdict of

... make all-

Dr. Tavernier deposed that on the 6th January last, about ten o'clock, he found the deceased on a bed in Dubois' tavern, in a state of apoplexy. His face was pale, and extremities cold. He observed a lacerated wound on the left temporal region through the scalp, by which a portion of the pericranium was denuded. He took thirty ounces of blood from the arm, employed cold applications to the head, and mustard bath to the feet; but produced no amelioration in his condition. He asked for further professional assistance, and Doctor Hall came between eleven and twelve o'clock.

Dr. Hall deposed that he saw the deceased between eleven and twelve o'clock A.M. on the 6th January last, and that he found him in a state of perfect insensibility from apoplexy. He remarked the wound on the left temple. Approved of all that Dr. Tavernier had done, and said that he could not recommend anything farther. He further declared that he did not think the trephine could by any possibility, much less a probability, have been of any service.

Before the deceased expired, Dr. Wolfred Nelson saw him, and he deposed that about twelve o'clock on the 6th January last, he found the deceased on a bed in a very cold room at Dubois' tavern; at which time the deceased was in a moribund state. He further deposed that he would have preferred resorting only to warm and irritating applications to the extremities, because they were already cold of themseves, and the room was too much so. He declared it was evident that their cold and insensible condition depended on that state of the brain which is induced by congestion and compression. As to the trephine, he would most undoubtedly have employed, and placed his whole reliance on it, because it was evident, both from the history of the case, and the plain demonstration of the fact by the wound, that the insensibility was owing to the accumulation of extravasated blood pressing on the brain. Indeed, said the doctor, I am confident there was a very fair chance of saving the patient, had the trephine been applied in time.

At the post mortem examination before the Coroner's inquest, Drs. Tavernier and Nelson only were present. And they both deposed that on raising the skull, a fracture, without depression, was discovered in the temporal region of the parietal bone, extending towards the temporal fossa. And that there was a large coagulum beneath it, lying on the dura mater, and which had been formed by the rupture of one of the branches of the middle meningeal artery. Dr. Nelson also added that in his opinion that blow would not have caused death if the vessels had not been in a turgid condition, produced by drink, making them more liable to be ruptured. Ultimately the jury returned a verdict of manslaughter.

The few remarks I would make on this case are naturally limited to

the medical evidence, because there can be no doubt that the jury were materially governed by it in the return of their verdict. As to the actual proof of the deed having been committed by the prisoner it was clear enough, yet no evidence was adduced to prove any *malice prepense*. Nevertheless what must that verdict have been without Dr. Nelson's evidence? We perceive that so far as the evidence of Drs. Tavernier and Hall goes, the man had received a blow on the left temple which produced an extravasation of blood, and which in its turn was the inevitable cause of death. The non-medical witnesses proved that the prisoner had struck the deceased with a very heavy poker on the side of the head. Therefore, by connecting these two portions of the evidence, the jury could not but have returned a verdict of manslaughter in the highest degree.

That Dr. Nelson was perfectly correct in his assertion about the use of the trephine, we need only recollect the invariable rule laid down by all authors on surgery, which bids us beware of symptoms indicative of apoplexy, when they come on after several hours have elapsed from the time of the injury, because we are thereby assured that extravasation is going on, which will inevitably lead to fatal signs of compression.

In many cases, such, for instance, as falls, although the symptoms do come on in a most marked manner, we are at a loss to know where the trephine should be applied, and this may be owing to the entire absence of external marks of injury. But not so in the case before us. In the first place, the deceased receives a very heavy blow from a large blunt instrument, which produces instantly a contused and lacerated wound, denuding a portion of the pericranium beneath. We know that the middle meningeal artery divides into numerous branches at that spot—that these branches, if ruptured, will pour out large quantities of blood, and that symptoms of compression having come on several hours after the receipt of the injury, no other cause could be assigned for them than the rupture of these branches.

Therefore, I would ask, how could any surgeon declare that he would not apply the trephine, because it could not by any possibility, much less a probability, be of any use?

How, under all the circumstances, could a surgeon expect to relieve symptoms brought on by such palpable causes? and which had their locale so distinctly pointed out? Could even bleeding to the verge of extinction have removed a clot of blood lying under the skull, and pressing on the brain over its membranes? How otherwise could such a clot be removed than by uncovering it.

I may be told that the trephine applied on the temporal region would probably injure the meningeal artery. Well, if so, what matters it? Is it not on account of an injury which this vessel has already suffered,

that the trephine is to be applied? And, at any rate, although it should be injured, there is a satisfaction in knowing that whatever blood it may pour out will not add to the symptoms of compression.

FRANCIS C. T. ARNOLDI, M. D.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

GENTLEMEN,—The appearance of the *Medical Gazette*, edited by you, I hail with pleasure. I trust that the older members of the profession will thus be induced to render part of their store to the hungry; to us all in fact, who have not had their opportunities of seeing the innumerable forms in which the phenomena of disease are wrought.

The event, I confess, has stimulated me, and has almost removed a "vis inertiæ," which I dreaded was insusceptible of being put into activity—for I am, unfortunately, (I speak feelingly) one of your poor beginners, and like P.P. clerk of the Parish, "bleeding, I attempt not, except the poor." So I have consequently become rusty and lethargic. Should the present communication be worthy of appearing in your paper, will you give it a place in your next number? and should you desire it, I shall occasionally give you articles. I make no comments on this production. I have chosen the subject, because I believe it to be one too often overlooked in our profession, or, at all events, not sufficiently insisted on in its practical application to dietetics, during the existence of disease.

I sincerely wish you all success,

and remain,

Your obedient servant,

Montreal, March 19, 1844. Z.

The physical condition of man is, in every respect, adapted to his existence here on earth, and to the mechanical relations around him.

His eye is sensible to the undulatory wavelets of light—his ear to the vibrations of sound—his nose the organ by which odours are perceived—his palate that by which taste is recognised—his hand touches —while his whole surface feels.

In these several functions, his system may be considered as one of exceedingly delicate elasticity, susceptible of being impressed by these actions external to himself, all of which partake of the character of motion: and each producing an effect sui-generis—peculiar to itself. "These wheels within wheels involved" are united by one unbroken bond—moved by one power: this mechanism, simple in diversity of function —unity in complexity of operations, is regulated by one principle. The

performance of functions, and the power of motion, as existing in man, constitute his being—his life—and this connate principle within him is his "vis vitæ."

I, willingly overlook all discussion in relation to man's soul; with psychological disquisitions I have nought to do.

From the moment of his birth to that of his death, man performs certain acts, and there are carried on within him certain functions, the perfect condition of which constitutes health—any change from it, is disease. In the several epochs of man's life, there are changes taking place without cessation: The first is that of waste—the result of his breathing existence, and is effected by absorption; the second is that of reproduction, by which the waste is repaired, and is effected by the blood, possessing vivifying powers.

In infancy, growth or increase is effected because reproduction, or rather new formation, is greater than the waste. In the adult or in maturity, the equilibrium between these actions is balanced; there is neither increase nor diminution, cæteris paribus, the adult's weight should not alter. In old age new formation is less abundant, circulation is less active and gradual waste follows. Though here we may have obesity and increased weight, the circumstance depends on causes unconnected with the subject at its present stage, and I retain my position as being founded on fact. Air is the breath of man's nostril; for him the plant and the beast were created; these are necessary to his sustenance. At the moment of birth, there is a total change of the mode in which nutrition is effected.

This change is produced by the first act, of inspiration or rather, of perfect respiration. In utero the fœtus derives its physical or animal formation from an organism distinct from, though united with itself. The mother supplies to her offspring all the materials requisite to the development of its tissues in utero, without the intervention of any other source of formation, not even from the fœtus itself: the blood supplied to it bears in its current the particles whence its frame is moulded; literally pregnant, the blood gradually deposits the several tissues, from the cellular to the osseous. These remain unchanged, because here there is no cause for waste; all the action is one of new production: there is therefore no absorption: the fœtus has no circulation properly per se: when it has assumed a form its circulation is then one and the same with that of the parent: till respiration has begun, its life is in that of the mother.

On the advent of the fœtus into this "breathing world," at the first inspiration it becomes a new being, endowed with a new life, a separate and distinct entity. The independent state thus established calls for a new source of supply to its growth and well being. This supply is drawn from the elements of the food and of the air reacting

on each other, producing new compounds, some of which are eliminated as useless, while others, being identical with the different parts, are assimilated, and contribute to growth: these compounds existed whilome in the mother; they are now evolved in the infant's own system, and by an apparatus belonging to itself.

The first act performed at birth, independently of the mother, is that of respiration; as a sequence to this act, a perfectly new order of circulation is established; the action of the absorbents is now called into existence, and the chain of the nutritive process is completed.

It we except the bones of the ear of the infant, no part nor organ has acquired full growth; in other words all the tissues acquire with rapidity from the nutritive action, increase of substance from the moment that respiration has commenced its oxidating process: these new formations are identical with those created in utero.

The comparatively perfect state of the auditory apparatus seems to point out that, the Creator intended, the ear should be the channel of the infant's first impression—and of man's intelligence thereby.

When the contractile power of the fœtal heart in propelling its circulation to the placenta becomes equal to that of the placenta in forcing the maternal blood to the fœtal heart, there is a perfect balance formed between these powers: the fœtus has now attained such a condition of maturity as will enable it to carry on its own functions independently: the mother's circulation yields no longer a source of growth, because the fœtal heart possessed of such powers, commences an action—but not to the same extent as is soon to be perfected; partial absorption takes place; there is now some waste, or there is for some time a period of static equilibrium; but the maternal blood runs yet its wonted course, freighted with the same particles, without its distinctive characters being changed at all, or to the degree they were previously to this equilibrium; all or part therefore of these arterial or nutritive particles are returned to the body of the womb unaltered, and stimulation is the consequence, because the womb has a source of vitality wholly unconnected with this extraordinary supply: and as first in a series of actions now about to terminate in parturition, we have an unusual amount of mucus secreted by the parts of generation—with accumulating stimulation, contractility next appears in the longitudinal fibres of the uterus—and lastly, the expulsive action, involving its whole mass: the inordinate power exerted soon *wastes* the store of excitement, and the balance of normal condition again exists.

Cæteris paribus—the natural labour of a weak woman must be effected with as little production of general exhaustion as that of a muscular woman; because the momentum of force required during the parturition of each must be equal; it is derived from an identical

source, unconnected with the relative general strength of either. The truth of this proposition is verified by daily experience.

In protracted labour, on the other hand, the exhausted contractility of the womb, caused by the expenditure of the stimulation drawn from the origin here given, demands its reproduction; this is effected by rest, induced by proper sedatives, or by nature herself: during the whole of this action, the circulation of the woman is not accelerated to a degree sufficient to generate this force: compare the renovative process of the heart, after violent muscular efforts, and after those of inordinate uterine contraction, and the difference becomes apparent.

From what source does this stimulation come? Solely from that I have described. Nor are the effects of such stimulation invariably confined within the walls of the womb; they may extend beyond them and produce violent convulsions, as inevitably as the suppression of urine, and the absorption of urea into the circulation, will cause symptoms peculiar to themselves. During the term of natural gestation—nine months—the female is unconscious of the abstraction of any power or force from her system—she becomes habituated to it; firstly, because the change is gradual; secondly, because vicarious functions are suspended, and frequently the progress of disease stayed (as in phthisis;) and lastly, nutrition goes on without intermission: at the expiration of the period, the amount abstracted is in a few days—perhaps hours—returned; the consequence is that which I have attributed to its return.

The occurrence of premature labour, and the circumstance of infants living before the full period be completed, militate not against my position. They but demonstrate that the uterine actions may be produced by causes unconnected with the one given: for I do not overlook the effect of the nervous system in the theory I offer. They prove too that even at seven months the several organs may perform the functions of self support, though feebly and imperfectly.

(*To be continued.*)

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

GENTLEMEN,—If you consider the following case as worthy a place in the columns of the *Medical Gazette*, you will oblige me by inserting it:—

An infant, whose mother was labouring under puerperal fever of malignant character, was attacked on the fifth day after birth, with infantile erysipelas. The whole abdomen was much swollen and of a livid hue—tense—hard—with a burning heat on the surface; it had a weak, incessant cry, and had refused the breast for several hours. The moth-

er's dangerous state having engrossed the entire attention of the family, the affection of the child had made considerable advances before my attention was called to it: the nurse informed me she had noticed the swelling in the belly since the day before. I looked upon the case as hopeless, depending, as it essentially did, upon the malignant disease of its parent; the treatment, however, was very simple, and was eminently successful; it consisted in the application of a thick layer of soft cotton wool to the child's belly, kept "in situ" by a roller. At the same time I administered ½ grain hydr-chlorid, with a few grains creta-prepa.

The principle on which the cotton wool was applied, was to promote, and at the same time prevent the escape of the natural perspiration, which, being retained in the folds of the wool, would act as a vapour bath, and thus prove a most soothing application. It fully answered my expectations, and a short time afterwards, the infant was evidently easier. It did not again take the breast for four and twenty hours after; but in a few days, with one or two doses of alterative medicine and a little carminative, the little patient perfectly recovered, although under most unfavorable circumstances. The mother continued long in a very dangerous state, and recovered with difficulty, after a lingering illness of several weeks.

REMARKS.

Had the same mode of treatment been adopted in this case, and not varied from the routine practice, stimulating lotions, &c., recommended by some of our best authorities,—it is more than probable a fatal result would have occurred, for I believe there is scarcely a case on record of recovery from so severe a disease affecting very young infants, particularly when proceeding from the above mentioned cause.

C. CARTER,
L. R. C. S. Edin.

VARICOSE VEINS.

Mr. Hogg of Finsbury place, narrates a case of varicose veins, complicated with ulceration, in which he effected a cure, by destroying the continuity of the diseased vein, with the potassa cum calce. He says he has seen several methods adopted for the cure of varicose veins, but this plan appears to be preferable to any other.—*Medical Times, December* 23, 1843.

DIFFERENT KINDS OF OPIUM.

According to Dr. O'Shaughnessy, Bengal investment opium (for the Chinese market) contains two and a half per cent by weight of

pure morphia: Malwa opium, six per cent, ditto, Turkey opium, nine per cent, ditto, and garden opium, Patna and Smyrna opium, ten and a half per cent. of morphia each.

THE MONTREAL MEDICAL GAZETTE.

Omnes artes, quæ ad humanitatem pertinent, habent quoddam commune vinculum, et quasi cognatione quadam inter se continentur.—*Cicero.*

MONTREAL, APRIL 1, 1844.

Before the next number of this Journal shall have issued from the Publisher's hands, the Medical Session for the past year will have terminated.

Those who are candidates for the "summos honores" obtainable in this Province, will be looking forward with fear and trembling for the arrival of that day, that all important and dreaded day, which shall prove to them the season either of much rejoicing or of heavy lamentation. To them, on the present occasion, we only wish God speed—trusting, that their diligent application during the session about to expire, and the faithful discharge of their duties, in acquiring as thorough an elementary knowledge of their profession, as their opportunities have afforded, during the period of their pupilage, will not only sanction their appearing with confidence before the respective boards for examination, but that they will feel themselves entitled to, and will receive, that well earned reward, for hours and days and nights spent in the arduous studies of that profession, which is to number them among its future members, and in the practice of which, they are destined to enact so fearfully responsible a part. To these, we repeat, take courage. On some future occasion, we shall again address ourselves to them, on the subject of the duties upon which they are about to enter; but at present, we wish to accompany that larger portion of our class-rooms' tenants, who are about "to return to the places whence they came," to the studies or surgeries of their patrons, and in so doing, we beg, in an especial manner, to commend ourselves and our remarks to those of our professional confrères, who have undertaken, in receiving these young gentlemen into their houses, to direct their

studies, and "to train up these youths in the ways in which they should go."

Contrast the past with the present. Five and twenty years ago, there existed not in the whole of this Province a single school of medicine; to-day we know of the names of no fewer than *seven* teachers of Anatomy, (public and private,) being enregistered on the book of the Inspector of Anatomy in this city, according to the requirements of the Anatomical Bill, passed during the last session of our Provincial Legislature, and so lately come into operation. That a few, (and they formed indeed a very small number,) of the Medical practitioners in Canada, did vouchsafe to the young men, who commenced their studies with them, occasional explanations of knotty points occurring in the course of their reading, we admit, because we know it to be the fact; but the acquisition of even an imperfect knowledge of their profession at the time of which we write, was only to be attained by close and hard application of those, in whom a real thirst for information existed; in the various manipulations of the surgery they were expected to be *au fait*, because the credit of the respective establishments was at stake. Now we say not this in anger against the patrons of those days, for, to tell the truth, from their comparatively limited number in the towns and large country parishes, the duties of their profession left them not much time for their own repose, much less for the instruction of those who were placed with them; but now, things are different, the face of medical nature is indeed changed; pupils have a right to expect, the examining boards have a right to demand, and the public do expect and demand, the fulfilment of the conditions of the apprenticeship bond entered into between patron and pupil.

We would strongly urge, then, in the first place, upon our professional brethren, the importance of enquiring, from time to time, (aye, and of satisfying themselves by examination on this point,) as to the progress of their pupils' studies; and here we beg to impress upon them the indispensable necessity of one standard work at least, on each department of the science of medicine being accessible to the student. Those students who have during this session commenced their studies by attendance at lectures, will now be prepared to study physiology, chemistry and materia medica; the blunt edge of the rude metal has

been subjected to the first operation of the grindstone: they have been advised how to commence their studies, and what books to read.

In the second place, we say, give these young men as frequent opportunities as possible of mixing with the sick, of visiting the dying, and of assisting at the examination of the bodies of the dead; we do not mean, that they are to be intrusted with cases, but that their attention is to be directed to the outward and visible signs of disease, as evidences of faulty performance of healthy functions. It may be said, why adopt this plan so early—these young men do not know Anatomy sufficiently well yet, and that is the great foundation of our profession?

True; yet Anatomy cannot be learned from books, but must be acquired by patient study, scalpel in hand, in the dissecting room; and we add, that the practice of medicine, surgery, and midwifery, cannot be learned from books either.

How, then, we may be asked, are these to be learned? We reply, by constant communion with the sick, either in their own homes or in the wards of our hospitals, *under the direction and superintendence of those whose duty it is* to call their attention to the symptoms which are presented, and to explain the rationale of these, the indications for their removal or relief, and the modus operandi of the remedies employed: in this way, each private practitioner, desiring to obtain credit by his pupil, will become a clinical teacher. Our space will not sanction our proceeding further on this subject at present, and we will close our remarks with that memorable observation made by the immortal Bichat a short time before his death. "You ask me," said he, "how I have learnt so much? It is because I have read so little. Books are but copies—why have recourse to copies, when the originals are before me? My books are the living and the dead: I study these."

We were present on Thursday, the 21st ult. at a Lecture, one of a popular series to be delivered by Dr. G. W. Campbell, on Physiology, at the Rooms of the Montreal Mercantile Library Association, and we are sure that the numerous attendance must have been as gratifying to the lecturer, as the matter must have been instructive to his hearers.

We are pleased in thus perceiving the dawn of a taste for useful

acquirements ;—a dawn which cannot fail of arriving at its meridian by the impulse given to it by lecturers who can mingle the utile with the dulce.

Lectures on subjects connected with the profession have been thought to be not always adapted to the "mass." The objection may be just in some respects, but in by far the greater number do we conceive it not tenable in the 19th century. Counsellors that feelingly persuade us what we are, cannot be deemed improper at any period ; and when the subject is selected with judgment, and treated with clearness—all hearers must leave the room impressed with the certainty that, we are indeed fearfully and wonderfully made : aye, and from these counsellors be taught a lesson of humility.

Most medical men of the present day shun mystery, and in the ratio of intelligence abroad will there be absence of that which was wont to be a trait, if not the characteristic of the ancien régime. We hail, therefore, the advent of such a class of teachers, and welcome this new source of knowledge extended to the public.

We have taken the liberty of copying Dr. Nelson's letter, which appeared in the *Minerve* of the 14th instant, and of publishing Dr. Meilleur's communication to ourselves in our present number, to show our Canadian subscribers, that in having made a change in our *character*, we have adopted the advice of two gentlemen, who from their position and extensive acquaintance must be competent judges.

We have noticed a letter of Dr. Von Iffland's in the *Montreal Gazette*. We thank the doctor for having rectified our error—and for his good wishes—contributions from such pens as his will prevent our requiring a requiem—one who cannot forget the dead, will assist in supporting the living. We trust that we shall receive some substantial mark of his good will.

Arrangements have been made with the agents in Montreal, by which some of the best Paris Medical Journals will be regularly received. We hope that our first numbers will reach us in May.

We beg to call the attention of those members of the Profession and others to whom the Journal is now forwarded, that this being virtually

the first number of our issue, we shall consider, as is usual in all such cases, those gentlemen as subscribers, who do not return to the Publishers, the present number.

MEDICO-CHIRURGICAL SOCIETY.

17th February, 1844.

Dr. Sewell, in the Chair.

The subject submitted for the Society's consideration, was the prevailing epidemic, (influenza.) After stating that the disease occurred under three different forms, according as it attacked women and children, men, and infants; Dr. S. proceeded to detail those characteristic symptoms which he had observed in the course of the present epidemic. Among the most striking of these was the absence of any tumefaction or redness on examining the throat, or, if any existed, it was to so trifling an extent, as to be quite disproportionate to the pain complained of; if only one side of the fauces was affected, the uvula was curled up to that side, all shewing that the muscular tissue of the velum, uvula, and pharynx, was that which was principally implicated. These appearances were noticed, before the occurrence of the catarrhal symptoms. In the majority of cases, the stethoscope afforded no indication of bronchitis, the cough depending on the irritation at the top of the glottis. The difference in the disease in women and men, as noticed by Dr. Sewell, was the more frequent occurrence of delirium in the former than in the latter—in the case of one lady under his care, he stated, that the delirium had lasted for fourteen hours, although her pulse did not rise above 82. With regard to the origin of this epidemic, it was generally admitted, that no particular change had been observable in the electrical condition of the atmosphere prior to its appearance, that the disease had exhibited a very mild character throughout, that the remedies needed for its treatment had been ordinarily simple, and that the mortality had been very inconsiderable; in all these particulars, differing essentially from the visitation of the epidemic in 1837.

Dr. Nelson stated, that he had remarked a tendency in the disease of this year to merge into croup among children, and of this modification, he had met with some fatal cases.

It was considered by all the members present, with the exception of Dr. Arnoldi, Jr., and Dr. Sewell, to be a disease seated in the pulmonary and enteric mucous membranes, assuming a catarrhal character, and in which the nervous system was more or less involved, according to circumstances.

But Dr. A. looked upon it rather as an affection of the muscular than the mucous tissue, and this he inferred, from the prostration of muscular power, so generally observed in this disease, even from its very commencement, and he further stated, that he had had several cases, in which there had been almost an entire absence of all catarrhal symptoms, and the disease had been manifested only by the prominent depression of power in the muscular system.

2d March, 1844.

DR. BADGLEY in the Chair.

The attention of the Society was directed to those cases of paralysis occasionally met with in the course of hysteria, and which, in the opinion of Dr. B., were so beautifully illustrative of Dr. Marshall Hall's Theory of Reflex Action. The particulars of two well marked cases of hysterical paralysis, which had come under his professional care while in London, were then detailed by him, and the Society was referred to the 3d number of the St. Thomas's Hospital Reports, for the history of another case which had been treated by Dr. Roots in that Institution.

In the first case which occurred in the person of a single woman æt 25, and who, prior to the eruption of the hysterical disease, was a servant in his own family, hemiplegia of the right side supervened upon a very violent hysterical paroxysm.

In the second case, the daughter of a very respectable postmaster, æt 19—hemiplegia of the left side, with paralysis of the right leg, was present. The former individual was a strong, healthy person, from the country, of a sanguine temperament, and enjoying ordinarily good health; the latter was a delicate girl, who exhibited strikingly the leucophlegmatic constitution. Both were the daughters of gouty fathers. In both cases the congestion was so great, and the pain so severely complained of in the head, and at different points along the entire length of the spinal cord, that it became necessary to abstract blood at different times, and in various quantities; in the former, the temporal artery was opened, in the latter, blood was taken by cupping glasses from the nape of the neck twice or thrice, and leeches were repeatedly applied to the vertebral column of both. In the former, recovery from the paralytic affection was effected by the employment of the ordinary means, but a shattered state of the nervous system remained for upwards of twelve months; in the latter, it became necessary to have recourse to strychnia to restore the contractility of the muscular fibre. In both these cases, the beneficial operation of the purgative, recommended by Dr. Roots (the oil of turpentine and castor

oil) with a view to remove the distension of the colon, so generally observed in these cases, was strikingly manifested.

The conversation turned upon the following pathological points. First, as to the nature of hysteria; secondly, as to the origin or proximate cause of the paralytic affection in these cases; and thirdly, as to whether, and in what manner, the gouty diathesis of the parents could exert any influence on the offspring, in the production of these varieties of nervous disease.

Dr. G. W. Campbell mentioned the case of a married lady, in whom tetanic convulsions had supervened upon a violent hysterical attack, and these had been followed by hemiplegia, which lasted for several days.

In the course of the evening, Dr. Nelson communicated to the Society, and recommended for the adoption of its members, a plan which he had of late years frequently employed, for the administration of medicine to obstreperous children, and those individuals affected with tonic spasm, which prevented their opening their mouths for that purpose. It was to introduce the medicine through the nasal passage by means of a spoon, the sides of the bowl of which had been previously bent upwards and inwards. Dr. N. stated, that it had never failed to succeed, and that no unpleasant results had ever followed its employment.

AUX EDITEURS DE LA GAZETTE MEDICALE.

MESSIEURS LES EDITEURS,—J'ai reçu et lu avec bien du plaisir le 1er No. de votre *Gazette Médicale*, que vous m'avez fait l'honneur de m'adresser. Le plaisir que j'ai éprouvé sera partagé, je n'en doute pas, par tous les amis de la science, et surtout par les membres de notre profession, le besoin d'une semblable publication se faisant sentir depuis longtemps en ce pays. Le *Journal de Médecine* du regretté Dr. Tessier, dont la publication fut trop tôt suspendue par la mort de l'Editeur, ne parut qu'autant de temps qu'il fallait pour montrer tout l'avantage que la science et le public pouvait retirer d'une semblable entreprise. Vous venez réparer les torts de la tombe et consoler le pays de la perte de ce jeune ami des sciences; soyez donc les bienvenus, et puissiez-vous recevoir, dans votre patriotique entreprise, tout l'encouragement qu'elle doit vous mériter.

J'espère que vous recevrez l'encouragement que vous méritez, non seulement de la part des membres de la profession médicale, mais encore de celle des aspirans à cette art si difficile, et pourtant souvent étudié si superficiellement. Comme chacun doit, ou devrait être, au moins jusqu'à un certain point, son propre médecin, il est à espérer

encore que bien d'autres que les gens de l'art et ceux qui aspirent à la profession médicale, grossiront le nombre de vos abonnés.

Votre journal est pourtant destiné plus particulièrement aux médecins, et pour cette raison je regrette qu'une moitié en soit occupée à la traduction de l'autre moitié. Ceux qui entendent les deux langues, et ce sont presque tous les membres de la profession, que leur origine soit bretonne ou française, n'ont que 8 pages de lecture, au lieu de 16 qu'ils auraient, si votre journal était publié tout en anglais ou tout en français ou enfin, si étant publié dans les deux langues, la seconde partie n'était pas la traduction de la première. Pour moi, je ne le voudrais ni tout français ni tout anglais, mais *mixte*, de manière pourtant qu'une partie ne fut pas la traduction de l'autre.

Comme dans l'intérêt de votre entreprise, il est désirable que vous ayez la coopération de nos confrères, j'aimerais encore que tout médecin eût un libre accès au journal, et que chaque correspondance fut publiée dans la langue dans laquelle elle a été faite. Un écrit perd toujours à passer d'une langue dans une autre, et il peut même devenir méconnaissable, s'il n'est pas traduit par une personne habile, entendant parfaitement les deux langues et surtout le langage de l'art.

Ce nouveau plan vous obligerait peut-être à vous associer un collaborateur pour la partie française, mais je ne doute pas que ce surcroît de dépenses ne fut amplement balancé par le nouvel intérêt qui serait ainsi donné à votre publication.

J'espère que vous me pardonnerez la liberté que je prends de vous présenter ainsi mes suggestions et mes avis, si vous êtes persuadés, comme je vous prie de l'être, que je ne le fais que dans l'intérêt de votre entreprise, que j'ai à cœur comme si elle était la mienne. Je ne pourrai pourtant vous donner de témoignage de ce bon vouloir, étant exclusivement occupé à des travaux tout à fait en dehors de notre profession, qu'en vous priant d'ajouter mon nom à votre liste d'abonnés, et en portant, dans l'occasion, mes amis à encourager votre publication.

J'ai l'honneur d'être
Messieurs,
Votre très humble et très obéissant serviteur,
J. B. MEILLEUR, M. D.

Montréal, 16 Mars, 1844.

Pour la Minerve.

LA GAZETTE MÉDICALE DE MONTRÉAL.

J'ai lu avec beaucoup de plaisir le premier numéro du Journal de Médecine (*The Medical Gazette*) de Montréal, publiée par Lovell et Gibson. Ce journal fait honneur à l'industrie, aux talents et au zèle

cine de Montréal, en sorte qu'il y aurait beaucoup de matière utile et instructive dans les deux langues et cela sans répétition.

Quelqu'un pourrait dire peut-être pourquoi ne pas publier le journal entièrement en français ? Je répondrai qu'il y à ici un grand nombre de médecins anglais qui ignorent le français ; mais je ne pense pas qu'il y ait un seul médecin canadien qui ne sache pas l'autre langue au point de l'utiliser dans ses études.

Toutefois, osons espérer, pour l'honneur de la profession et pour celui du pays, aussi bien que dans les intérêts de l'humanité, osons dis-je espérer que le journal de médecine dont nous parlons, sera libéralement soutenu tant par ses *contributeurs* que par ses *souscripteurs*, et que nous trouverons dans cet ouvrage un dédommagement pour la perte que nous fîmes il y a quelques années du *Journal de Médecine de Québec*, qui expira peu avant son habile et savant éditeur, notre compatriote, F. X. TESSIER.

WOLFRED NELSON.

Montréal, 13 mars, 1844.

NOTICE TO CORRESPONDENTS.

N's. communication has been received.

The Editors beg to be furnished with the name and address of their correspondent; being responsible for whatever appears in the columns of the *Medical Gazette*, they cannot insert any communication, however valuable, without being aware of the source whence it comes.

Dr. Trestler is requested to accept of the Editors' best thanks for his letter and the suggession contained therein; he will, it is hoped, be pleased to find that his suggestion has been adopted.

"A subscriber's" letter dated 25th March, has been duly received, the Editors beg to assure him, that his communications will always receive at their hands the consideration to which they are entitled. They trust, that he will, at all times, communicate with them frankly, and if practicable they will always, as on the subject of his present letter, be most happy to act on his friendly suggestion.

We return our sincere thanks to our correspondent Z. His ideas in relation to the cause of labour are new and we think deserve being considered, before they are rejected heedlessly. We gladly take him at his word and shall at all times insert communications bearing such a a stamp.

INTERNAL ADMINISTRATION OF CREOSOTE IN NAUSEA AND VOMITING.

Creosote is one of the best medecines we possess for stopping vomiting. In the vomiting of pregnancy, an affection so distressing to the patient, it seldom fails. If the sickness comes on regularly after rising in the morning, Dr. Rose Cormack (who appears to have first employed it and whose observations we copy) prescribes two or three drops to be taken five or ten minutes before getting out of bed. This generally proves effectual; but if it does not, the patient ought to be directed to repeat the dose in two hours. In more troublesome cases, when the sickness occurs at intervals during the day, one or two drops should be given every two, three or four hours.

Dr. Cormack says that he has satisfied himself by experiments on the lower animals, that creosote in large doses, is a narcotico-acrid poison; and that it resembles prussic acid in its sudden depressing action on the heart. In medicinal doses, it is almost immediately sedative and calming: but these effects are of short duration; so that it is a drug which requires to be administered in often repeated small doses. It sometimes causes vertigo, and it is worthy of notice that, though excellent in allaying vomiting, it often excites it when it does not exist.

In chronic venereal ulcers, Dr. C. has repeatedly used creosote with great advantage. It answers well to apply it pure *once*, when there is deficiency of action, and subsequently to employ an ointment of from four to thirty drops to the ounce of lard. The lotion is also a very excellent form of application. In phagadenic ulcers, ulcerated chilblains and sores yielding sanious discharge, Dr. C. has often used creosote with benefit. In very few cases where the raw surface, is extensive can creosote be applied pure, as severe irritation is generally the result.—*Braithwaite's Retrospect, vol.* 6, 1842.

Tinea.—Formulæ used in the treatment of Tinea capitis. The following are those commonly employed by Mr. Casenave in the treatment of this disease at the hospital St. Louis. Ioduret of sulphur ointment Ioduret of sulphur 1 scruple lard 30 scruples. Depilatory ointment; subcarbonate of soda 8 scruples, lime 4 scruples, lard 30 scruples. Pitch ointment, citrine ointment 15 scruples, pitch ointment 30 scruples; any one of these ointments may be applied in the evening; in the morning, the head is washed with the following lotion; subcarbonate of potash 8 scruples dissolved in 500 scruples of water.—*Medical Times, April* 23, 1842.

(To which we would add creosote ointment, or the tincture of Iodine applied with a brush once a day. Ioduret of sulphur is formed by

gently heating together 4 parts of Iodine and 1 of sulphur. This compound is easily decomposed, the iodine escaping when the compound is left exposed to the air, it should therefore be kept in glass stoppered bottles. It has a radiated crystalline form and is of a dark colour.)—[*Editors Montreal Medical Gazette.*]

NEW METHOD OF RAPIDLY RAISING A BLISTER.

Mr. Dauq, of Stenay (Meuse) proposes the following method, which he calls blister with a watch glass, pour eight or ten drops of concentrated Ammonia (liquor) in a flat watch glass, cover the liquid with a piece of fine rag, somewhat smaller in diameter than the watch glass, and then place it on the skin, keeping in situ by moderate pressure. Generally, in about 30 seconds, the end proposed is attained, which is indicated by a roseate zone of about three quarters of an inch wide, which is formed round the edges of the glass. The apparatus is then removed, the inflamed parts washed with tepid water and the epidermis taken off.—*Medical Times, December* 16, 1843.

In a case of neuralgia, (tic douloureux), we have succeeded in almost instantly removing the pain by the strong liquor ammoniæ, applied to the part, by saturating a piece of lint with it; the lint should be covered with a piece of rag to prevent evaporation: as vesication was not desired, ten to fifteen seconds sufficed to produce relief.—[*Editors Montreal Medical Gazette.*]

HEMIPLEGIA, FOLLOWING LIGATURE OF THE COMMON CAROTID.

Dr Fairfax adds another case to the list of those in which this accident has happened. His patient, a middle-aged lady, much reduced by chronic disease of the lungs, died five days after the operation. The mental faculties continued perfect to the last. The hemiplegia affected the right side, not the face, and was not observed until an hour after the performance of the operation.—*Medical Times, Dec.* 30, 1843.

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THE

MONTREAL MEDICAL GAZETTE,

BEING A

MONTHLY JOURNAL OF MEDICINE,

AND

THE COLLATERAL SCIENCES.

Edited by Francis Badgley, M. D., and William Sutherland, M. D.

VOL. I. MONTREAL, MAY 1, 1844. No. 2.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

GENTLEMEN.—Observing a statement, contained in an article on the subject of "The Pneumonia of new born children," in the April number of the Montreal Medical Gazette, viz. that "the mortality in Montreal is absolutely twice and a quarter greater than that of London," I am induced to offer some brief observations on the subject; as the ideas I entertain on this matter, are by no means in correspondence with the above startling assertion. I perfectly coincide with the remark, as to the difficulty, (*and I will add impossibility*) of obtaining accurate medical statistics in civil life; when we can scarcely expect to obtain any information, beyond the mere record of births and deaths; and a vague, total amount of the population, derived, perhaps, from a census made long previously. You are well aware, that besides this, there is much required to be known, that is utterly hopeless to look for; to enable us to estimate the salubrity or peculiarities of climate, and the nature of the disease, which has occasioned the mortality. With the Military it is quite otherwise; every facility exists of obtaining the necessary data; and the most rigid attention to every point connected therewith, is required of the Army Medical Officers; which renders all authority emanating from this source, of the highest value. Being in possession of a series of reports on the present subject, through the kindness of an old and valued friend, I shall make a few remarks on

this interesting topic; with the hope that the conclusions I expect to deduce, will be more encouraging to the good citizens of Montreal, than those derived from the source alluded to, in the article which has drawn my attention to the subject. I am unable to enter into any estimate of the mortality of early life: I am, however, well aware of the injurious effects of confinement to the house, during our long winter; and the fatal character of one or two of our hottest months; and I cannot doubt, but the exposure of infants at the very earliest moment after birth, which we constantly see, must in many instances, have an injurious, if not a fatal influence, on their tender frame. I am nevertheless still of opinion, that the comparative ratio of mortality between the densely peopled "modern Babylon" and our good city, cannot be supposed as fairly estimated. My observations must necessarily be confined to the effects of disease and climate on the adult; and to enable me to do so, I purpose giving a brief summary of a work on Military Medical statistics; published by order of the Secretary at War, a few years ago, by Major Tulloch and Dr. Marshall, Dy. Inspector Gen. of Hospitals, from returns and reports furnished by the Medical Officers of the Army. As this work is necessarily of very limited circulation, I presume these extracts will not prove unacceptable to the readers of the Medical Gazette. To enable me to exhibit at a view the comparative salubrity of several countries, I have condensed into one, a number of tables, from which it will appear that the climate of Canada, notwithstanding its severity, and the extreme vicissitudes of temperature it is subject to, is not inferior in salubrity, to other more temperate, and heretofore deemed more healthy climates.

In order to avoid any error in the comparative estimate, as to the salubrity of the United Kingdom, and the colonies, the calculations for the former, have been made from a class of men, who never are sent abroad; lest the effects of disease acquired in other climates might influence the results. The effects of disease at the respective ages have been estimated. It is not, however, my intention to enter into these minutiæ, as it would extend this communication, beyond the limits I purposed confining it to. A comparison between the mortality of the civilian population and the military, in the larger towns of England, may be glanced at, by comparing the following table, taken from Mar-

shall's Parliamentary Digest, with those of the Military, which will afterwards appear; although, to accomplish my object, of *showing the effects of climate on a body of men, in almost every other respect similarly circumstanced*, I needed not to draw any parallel, between these two classes of men.

Out of every thousand of the population in the several undermentioned towns, the number deceasing annually at each age, has been ascertained to be as follows:—

Ages.	Chester.	Leeds.	Bolton.	Bury.	Preston.	Wigan.	Bradford.	Stockport.	Macclesfield.	Average of York, Hull, Norwich, Plymouth, Portsmouth and Liverpool.	Glasgow.	London.	General average of these Towns.
15 to 20	6	7	9	9	8	8	9	9	10	7	·8	0	8
20 to 30	14	17	19	18	19	16	15	18	18	14	12	12	16
30 to 40	15	19	20	18	20	16	15	19	20	15½	16	17	18
40 to 50	17	23	21	19	22	21	18	24	23	19½	23	25	21

In the rural districts, a higher degree of health and longevity is attained by the inhabitants, over those of the great towns. The Military being uniformly stationed in the latter, no allowance, or calculation, is necessary to be entered into.

The medium age of the Soldier, is estimated at 30 years, and the rate of mortality per 1000 of this class, in London, is calculated at 15 $\frac{3}{10}$ for that age; which brings it very near to the general average as above, among the civilian population. The following abstract, condensed from several tables, exhibits the several diseases amongst the military, in eight different parts of the British Dominions:—

Table shewing the comparative rate of disease and mortality at the several stations. The average age of the Soldier being about 30 years. Violent deaths, from suicide, murder, drowning and such like, are not included.

DISEASES.	England, average of 7 years.		Gibraltar, average of 19 years.		Malta, average of 20 years.		Ionian Islands, average of 20 years.		Bermuda, average of 20 years.		Nova Scotia and New Brunswick, average of 20 years		Canada, average of 20 years.		Cape of Good Hope, average of 20 years.	
	Annual ratio per 1000 of the mean strength.		Annual ratio per 1000 of the mean strength.		Annual ratio per 1000 of the mean strength.		Annual ratio per 1000 of the mean strength.		Annual ratio per 1000 of the mean strength.		Annual ratio per 1000 of the mean strength.		Annual ratio per 1000 of the mean strength.		Annual ratio per 1000 of the mean strength.	
	Admiss.	Deaths.	Ad.	Deaths.	Ad.	Deaths.	Ad.	Deaths	Ad.	Deaths.	Ad.	Deaths.	Ad.	Deaths.	Ad.	Deaths.
		10ths		10ths		10ths		10ths		10ths		10ths		10ths		10ths
All classes of Fevers	75	1 6	161	9 3	173	2 9	457	13 0	136	11 0	69	1 6	214	2 4	88	1 9
Eruptive Diseases	3	0 2	1	0 0	1	0 1	1	0 0			2		2	0 2		
Diseases of the Lungs	148	7 7	141	6 5	120	6 0	90	4 8	126	8 7	125	7 5	148	6 5	98	3 9
" of the Liver	8	0 5	13	0 4	21	1 1	17	0 8	14	0 5	9	0 2	8	0 2	22	1 1
" of the Stomach & Bowels	94	0 8	186	2 1	155	3 6	156	3 5	415	5 3	94	1 5	155	1 3	126	3 1
Epidemic Cholera	4	2 8	7	2 2		0 0		0 0			5	1 4	6	2 1		
Diseases of the Brain	6	0 8	6	0 5	6	0 8	10	1 0	17	2 0	11	1 3	14	1 2	10	1 3
Dropsies	1	0 3	1	0 3	2	0 4	2½	0 6	7	0 6	2	0 5	2	0 4	2	0 6
Rheumatic Affections	50		38		34		34½		33		30		40		64	
Venereal	181		57		180		66½		39		83		99		210	
Abscess and Ulcers	133		102		147		117		191		105		109		118	
Wounds and Injuries	126	1 4	89	1 3	109	1 4	120	1 5	135	0 7	148	1 1	162	1 6	126	1 7
Diseases of the Eye	19		97		102		41		99		51		45		32	
" of the Skin	29		15		21		17½		7		23		22		14	
All other Diseases	44		36		40		34		32		32		39		46	
Total	921	14 3	950	21 4	1102	16 3	1164	25 2	1251	28 8	789	14 7	1065	16 1	956	13 7

In the foregoing table, the several varieties of fever, are included under one general head; they are more particularly exhibited in the following table, together with the averages of admissions and deaths:—

SYNOCHUS FEVERS.	Gibraltar average strength for 19 years. 3172.		Malta average strength for 20 years. 2041.		Ionian Islands average strength for 20 years. 3515.		Canada average strength for 20 years. 3316.		Nova Scotia and New Brunswick average strength for 20 years. 2322.	
	Average per annum of admissions of the several diseases.	Proportion of deaths to the admissions for 19 years of the several diseases.	Average, &c.	Proportion, &c. for 20 years.	Average, &c.	Proportion, &c. for 20 years.	Average, &c.	Proportion, &c. for 20 years.	Average, &c.	Proportion, &c. for 20 years.
	19		20		20		20			
Quotidian Intermit.	9 3	1 in 35	11 12	1 in 232	268 3	1 in 122	93 0	1 in 619	33	0 in 33
Tertian do	6 10	0 in 124	4 0	0 in 79	192 8	0 in 50	160 12	1 in 312	4	0 in 4
Quartan do	0 0		0 0		5 7	0 in 07	0 16	0 in 16	0	
Remittent Fever.	16 10	1 in 11	19 4	1 in 24	346 7	1 in 69	14 7	1 in 16	15	0 in 15
Yellow do	80 6	1 in 3½	0 0		0 0		0 0		2	1 in 2
Continued do		1 in 84		1 in 87		1 in 69		1 in 77		1 in 48
Synochus	397 6	1 in 40	319 3	1 in 25	795 8	1 in 9	383 4	1 in 20	301	1 in 11
Typhus		1 in 3		2 in 3		1 in 2½		1 in 3?		1 in 3
		1 in 17		1 in 60		1 in 36		1 in 89		1 in 43

I have not the means of exhibiting a parallel between the diseases of Upper and Lower Canada, as fully as I would wish. The following table will show the relative proportions of admissions and deaths, from the several Fevers, during a period of ten years.

SYNOPTIC FEVERS.	Uppper Canada aggregate strength 12825.			Lower Canada aggregate strength 20341.		
	Ad.	Deaths.	Rates of admissions per 1000 of strength.	Ad.	Deaths.	Rates of admissions per 1000 of strength.
Quotidian Intermette	1289	2		262	1	
Tertian do	988		178	272		26
Quartan do	9			1		
Remittent Fever	149	7	12	19	4	1
Common Continued Fever.	1150	17	90	2670	38	131
Synochus	62	4	5	140	5	7
Typhus	3	1		1	1	
Total...	3650	31	284	3365	49	165

From the above return it will be observed that Intermittent and Remittent fevers, are extremely prevalent in Upper Canada; while they are very rare in the Lower division of the Province; and if the necessary deductions were made, of the cases which have originated in the former, the proportion would be considerably less. An extraordinary exemption from this class of Fevers, is observable in Nova-Scotia, and New Brunswick; a circumstance very inexplicable, according to our generally received opinions, on this subject.

At Annapolis, Windsor, and Fort Cumberland, in Nova-Scotia; which are situated at the embouchures of rivers, daily exposed to extensive inundations, by the rise of the tide, where the banks for several miles exhibit a combination of mud, marsh, and decayed vegetation, so generally considered a prolific source of this class of febrile diseases; Intermittents and Remittents are extremely rare; and at Fredericton in New Brunswick, situated on the marshy banks of a river, surrounded by a dense wood, and luxuriant vegetation, these diseases are scarcely ever met with, proving that although, on some occasions, circumstances of this nature may favor the development of this disease, its prevalence or existence is by no means a necessary consequence, or concomitant; on the other hand, this class of disease has been very prevalent (as may be seen by the table) at Gibraltar, the Ionian Islands and Bermuda; countries which are destitute of marsh, and comparatively barren of vegetation; circumstances equally in opposition to the generally received opinion. Two cases of Yellow fever appear in the Return from Nova-Scotia; these, probably, were cases of the gastro typhus fever, noticed by Dr. Graves, as very prevalent in Ireland, on some occasions, and which very closely resembled the Yellow fever, of the West Indies. A case of this description occurred to me, in this city, about two years ago, accompanied by the black vomit, which however recovered.

It must appear rather a matter of surprise that disease of the Lungs and the fatal consequences from consumption, are not more frequent in Canada, Nova-Scotia and New Brunswick, where so many apparent exciting causes abound; and where great and sudden changes of temperature are constantly occurring; and in particular to the soldier who perhaps leaves the guard room for his post, between which there may be a difference of 100° of temperature. Yet an inspection of the table will show, that the proportion of admissions is not greater than in England; while the rate of mortality is somewhat less; and considerably under that of the temperate, and comparatively more equable climate of Bermuda; which has heretofore been frequently selected as a most suitable residence for patients labouring under Pulmonic disease; the falsity of which position, I have long been acquainted with. The same may be said of the climate of the Mediterranean, which in like manner has heretofore been deemed a suitable residence for invalids labouring under similar disease. We find however that inflammatory affections of the lungs are nearly twice as prevalent, in the Mediterranean, as in the United Kingdom; and in the mild climate of Malta, they are also *twice as fatal.*

The proportion of admissions from Pulmonic disease, between Upper and Lower Canada for 10 years, appears to be nearly twice as

high in the latter as in the former, as will be seen by the following Return :—

DISEASES.	Upper Canada aggregate strength 12525.			Lower Canada aggregate strength 20451.		
	Ad.	Deaths.	Rates of admissions per 1000 of mean strength.	Ad.	Deaths.	Ratio of admissions per 1000 of mean strength.
Inflamm. of the Lungs.	363	13	30	1226	36	60
Consumption.	61	33	5	145	89	7
Catarrh.	571	7	45	1401	10	72

A comparison may be made between Canada and two other countries, where the Thermometer rarely in one falls to the freezing point; and in the other never lower than 50° and where its fluctuation is comparatively trifling.

	Aggregate strength at each station.	Total attacked by Consumption.	Rates per 1000 attacked annually by Consumption.	
Gibraltar for 19 years.	11721	103	8	8.10
Bermuda for 20 years.	60269	394	6	$\frac{1}{2}$
Canada for 20 years.	61666	402	6	$\frac{1}{2}$

The degree of mortality from these diseases is much the same throughout the whole North American Colony, the proportion of admissions being rather greater in Canada, than in Nova-Scotia, and in New Brunswick; chiefly owing to catarrhal affections, and inflammation of the lungs and these principally occur in Upper Canada.

It also appears that the proportion of Officers attacked by Phthisis, *has been more than twice as high in the Mediterranean as in Canada.* While in Nova-Scotia and New Brunswick, *not a case of Phthisis occurred among the Officers,* and only nine of Inflammation of the Lungs, during a period of 16 years.

We find by the tables that Rheumatism is of more frequent occurrence, in the mild climate of the Mediterranean, than in our own inclement regions; and it is even still more prevalent at the Cape of Good Hope, where there is occasionally a total absence of rain for years; circumstances which are not easy to be accounted for.

It is somewhat remarkable, that the proportion of liver complaints, should be so low in this country, where intemperance in the use of spirituous liquors is so prevalent, and its fatal termination even more rare, than at any of the other stations referred to. This fact would indicate that at least in cold climates, frequent excesses in this indulgence, do not tend so much as is generally supposed, to induce affections of the liver. On the other hand, many evil consequences are abundantly manifest, in the frequent occurrence of delirium tremens and other cerebral, and fatal diseases, induced by this vice in Canada, Nova-Scotia and Bermuda; where the facilities of indulgence are so great.

Out of every 100 of the troops at the several undermentioned stations, there are constantly ineffective from sickness, respectively:

In Great Britain	50	In Bermuda	53
Gibraltar	41	Nova Scotia and New Brunswick	34
Malta	45	Canada	44
Ionian Islands	47		

From the above summary I conceive we are entitled to conclude that the climate of Canada, notwithstanding its severity and extremes of temperature, enjoys a salubrity in no way inferior to any other portion of the British Dominions, which I have on the present occasion brought under comparison with it.

I am, Gentlemen, your obedient servant,

St. James' Place,
Montreal, 20th April, 1844. } J. CRAWFORD, M. D.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

GENTLEMEN,—The case herein respectfully submitted for publication having been drawn up by the Senior Apothecary of the Marine and Emigrant Hospital, under the immediate eye of the Visiting Physician, Dr. Painchaud, I have allowed it to remain unchanged from its original form. It was placed in my hands for signature, and with the request of adding such observations, as I deemed necessary; but having omitted to do so at the time, I could not now place, at this remote period of time, implicit reliance on my memory, for those peculiar circumstances which may have engaged my attention.

I remain, Gentlemen,

With great regard, your very faithful and humble servant,

A. VON IFFLAND.

Yamaska, (near Sorel,) 6th April, 1844.

HÔPITAL DE MARINE, 7 Septembre, à 8, A. M.

Mary Crosnan, æt. 27, vint ce matin, venant de la campagne; c'est une pauvre emigrée, qui suivant le rapport de la sage femme, est dans les douleurs de l'accouchement depuis la veille au matin. Elle dit avoir perdu ses eaux (liquor Amnii) avant l'arrivée de la sage femme. Le terme de sa grossesse est complété. Elle a l'abdomen d'une grosseur énorme. Il est tendre et d'une sensibilité extraordinaire, de sorte quelle ne peut endurer la moindre pression et pas même le toucher. Son urine coule continuellement et par gouttes, elle est noirâtre et fétide. Il y a constipation, respiration saccadée, grande anxiété et agitation continuelle. Son poulx est petit et précipité.

Diagnostic, peritonite et rupture de la vessie.

Prescription.—Huile de Ricine oz. ss,

Huile de Croton, gt. I, toutes les heures.

Midi,—Vomissement, constipation, augmentation des autres symptômes.

Prescription.—Sangsues à l'abdomen et ventouses sanguinolentes, quatre onces d'injections cathartique ; deux drams de sel d'Epsom toutes les heures. Le toucher *per vaginam* n'annonce aucune marque d'accouchement ; l'*os uteri* n'est point dilaté, et la tête du fœtus est reconnu à travers les parois de l'uterus. Le cathéter n'a fait sortir que deux ou trois cuilleries (petites) d'une urine noire et fétide.

Soir, 6 heures.—Dyspnée excessive, respiration purement diaphragmatique, poulx intermittent, extrémités froides, vomissement continuelle. Direction au médecin résident d'extraire le Fœtus par l'opération césarienne, aussitôt après la mort.

8 heures du matin.—Délire passager, soif excessive et les autres symptômes aggravés, mort à six heures du soir. Quelques minutes après le décès on procéda à l'extraction du Fœtus, par l'opération césarienne. L'incision est pratiquée sur la ligne blanche. Le Fœtus à déjà souffert une grande décomposition, le Placenta est tombé dans le petit bassin. Le pansement est fait comme si la femme était vivante.

Le lendemain matin, à 9 heures, et en présence du Dr. Morin, on procéda à un examen minutieux des viscères abdominaux. Le Péritoine est couvert de lymphe coagulable et en grande partie en suppuration. Les intestins sont couverts d'une fausse membrane et sont adhérents entre eux, en plusieurs endroits. L'Uterus est fortement contracté, et on a peine à découvrir la place de l'incision césarienne, la vessie est ouverte par son fond ; on y passe facilement le doigt indicateur.

Le Vagin n'a rien d'anormal. Les intestins sont distendus par l'accumulation des fæces.

JOS. PAINCHAUD,
Méd. Visit. H. M.
A. VON IFFLAND, M. D.
Resident Physician.

The above case occurred about six years since, while I was performing the duties of Resident Physician, and would long ere this (as at the time intended) have been published with others, bearing some similitude, had it not been mislaid among manuscript Hospital Reports. It is one, which, from its features, may offer nothing of interest, save happily, its rare occurrence, and with a simple report of which, and without any practical deductions, we must alone remain satisfied. To the reflecting mind, it affords a melancholy proof, that however a judicious Physician may generally be considered as a faithful servant, in tracing the elaborate and winding progress of nature ; and, however frequently he may be called upon, as her attentive and vigilant counsellor, in all her views and operations, yet, human science and intelligence

have unfortunately their limits. To the young, and yet inexperienced Physician or Surgeon, similar cases may occur in the course of his practice, and without a knowledge of the difficulties and embarrassments which must naturally present themselves to his mind, and, unless he be fully prepared to render a satisfactory explanation to those most nearly interested in the issue, his reputation and future prospects in life, cannot fail of being seriously impaired. On these considerations, then, a faithful report of similar cases as the above, must be viewed of the highest importance, for, let him rest assured, that in no department of his profession will his acquirements be subjected to closer scrutiny and watchfulness than that of midwifery.

A. Von Iffland.

Yamaska, 6th April, 1844.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

Gentlemen,—Should you deem the following case of *Acute Laryngitis*, worthy of a place in the *Montreal Medical Gazette*, I would feel obliged by your inserting it in a publication, which promises to reflect as much honor on the Editors, as it will prove beneficial to the Medical profession of this city, which was hitherto destitute of a vehicle for communicating to its members, the improvements that are daily taking place in the Medical World abroad, as well as the advance it is making in Canada, and in the good City of Montreal in particular; which, from its population, charitable institutions, and the large number of its medical men, it is reasonable to infer, does not remain stationary, while the faculty elsewhere are laudably engaged in the cause of humanity and science; and I am not at all disposed to think that my Canadian brothers of the scalpel and lancet, are less intelligent, less capable, or less disposed to add their modicum to the general stock; but time must tell. With great respect and best wishes,

I remain your humble servant,

Wolfred Nelson.

On 1st April, 10 A. M., Madame Chs. Beauchamp, æt 34. of leuco-phlegmatic temperament, applied to me for "*a mal de gorge*," which appeared two days before, preceded by slight febrile symptoms, some tenderness of the throat, and tickling cough; the symptoms were progressing fast; she was very hoarse, and her voice was scarcely audible, with a sensation of tightness about the fauces, and some pain in deglutition; pressure about the thyroid cartilage caused distress and pain; the tongue was red; papillæ rather prominent, velum, tonsils and fauces, dry, red and a little tumefied; there was a frequent desire to expecto-

rate, as if the throat were filled or obstructed with phlegm; the pulse was soft, if anything, weak, but not accelerated; febrile symtoms hardly apparent. The constitutional symptoms were so trivial, that my patient said she had applied merely to be relieved from the cough, to facilitate the expectoration. I told her, this complaint might become very serious and not to neglect it; to abstain as much as possible from hawking, and forcible efforts to raise the mucus, ordered an embrocation of two parts *spts terebinthinæ* to one part *adipis suillæ* to be applied round the neck, and then to wrap it well up with several folds of heated flannel; 15 grs. pulv. ipecac. with 10 grs. pulv. ipecac, *Comp.* in 8 oz. water; one table spoonful to be taken every ten or fifteen minutes, so as to promote perspiration, induce a constant state of nausea, and if vomiting occurred, so much the better, but it was not to be carried far; to drink copiously of linseed tea, to keep warm and within doors, as she came to see me while visiting a neighbour.

At 6, P. M., I was called to see my patient, voice barely sibilous, great sensation of constriction and strangulation about the throat, much difficulty in swallowing; breathing rapid and distressed; pulse rather slower than in the morning; surface cool, face suffused and red, eyes watery; has vomited repeatedly without much effort; and with no sensible relief; bowels not moved for the last 11 hours, gave chlorid. Hydragyri, grs. 20, with pulv. jalapae. grs. 10. To remove the heat, dryness and pain in the mouth and fauces, pulverised nitrate of potash was frequently applied, by means of a strong feather over the parts, and hot vapour inhaled in the intervals; dry warmth to be applied to the extremities.

At 10, P. M., was again hurried to the poor woman, who was reported to be suffocating; the priest was sent for, as she was thought to be dying. There was extreme difficulty of breathing, constant jactitation, face bathed with cold sweat, lips livid, eyes staring, pupils dilated, nails blue, and extremities cold and clammy, with a distressing sensation of chilliness over the whole body, an incessant effort to disembarrass the throat; whisper inaudible, pulse 66, soft and weak. It was painful in the extreme to witness the agony of the poor woman; each attempt to breathe seemed to be the last. Mustard paste was abundantly applied to the arms and hands, legs and feet; a large plaster of the same over the whole lumbar region, and a blister covered all the back to the neck; the throat, neck and lower jaw also had their full share of the mustard coating, and all over a good wadding of cotton wool was applied. There was so much restlessness, that no little trouble was experienced in these manipulations; ordered pulv. nitratis potassae drs. iv. pulv. ipecac, dr. i. in aqu; oz. 8, a teaspoonful to be taken in the mouth every 5 or 6 minutes, holding the head back, that it might reach the fauces,

and this could only be retained a moment, from the incessant efforts to breathe and open the mouth. But by dint of perseverance, vomiting was soon produced, and a quantity of tough mucus and shreds of coagulable lymph, were ejected; and immediately after the breathing became freer; from this moment the expectoration became more abundant. A pill consisting of ext. belladona gr. ¼ gum. opii. gr. i. to be taken every two hours till tranquillity was produced; three pills were taken; sleep soon ensued, but often interrupted to raise the phlegm. The bowels were moved copiously twice, in the night, the dejections extremely fœtid.

In the morning at 7, A. M., I was delighted to find my patient calm, breathing with tolerable freedom; the voice had partially returned, the face was composed; she was more cheerful and full of hope; the pulv. nit. pot. was directed to be continued to the palate, &c. &c. demulcents persevered in, and an expectorating mixture ordered.

6, P. M.—Patient continues better; to take 2 of the bel. and opii pills. No little complaint was made in consequence of the burning caused by the mustard; and in good truth, it had performed its office faithfully. In two days, my patient was quite convalescent.

You may probably look upon this description as very prolix, but I have been thus particular, that the real nature of the case may be understood, as well as the treatment, which I conceive was not of an ordinary kind; and to it my patient, her friends and myself, under Providence, attribute the recovery.

N.B.—I have treated several cases of this truly appalling disease *secundum artem;* bleeding, leeches, calomel, emetics, &c. &c. and with but poor success. In this *peculiar* case of phlegmasia, I shall not in future abstract blood, except in the plethoric, when there is determination to the head and a congested state of the lungs; when the constitutional symptoms are marked by phlogosis, and this only at the earliest stages; a state of collapse soon supervenes, when the most rigorous revulsives are demanded; at once to arouse the nervous action, and also, by the general stimulation over the skin, to create another of a different kind to that which exists.

The topical remedies were certainly useful; promoted secretion, and removed much of the dreadful feeling of constriction about the fauces; the addition of the pulv. ipecac: seemed to excite vomiting very speedily, when thus prescribed, by sympathy no doubt, as she had taken nothing to nauseate for many hours previously.

I should have stated, that Mad. B. complained in the first instance, of a numbness down the spine, and arms in particular, with sudden, frequent, but transient pains darting over the whole body. Would not this justify us in the opinion that the nervous system was much impli-

cated in this case? Was it not corroborated by the sensation of cold complained of, which produced much uneasiness? Would this account for the sudden prostration of strength and state of the pulse? Does not this obtain more or less in all cases of this description of fatal malady?

With the frankness of a lover of his profession, I have thrown out these hints, and should feel truly happy, if what I have here advanced could at all lead to a more successful plan of treatment, than that hitherto employed, as well as to a more complete investigation of the pathology of the disease. Let us keep an eye to the anatomy and physiology of the larynx, its many and delicate muscles, its abundant supply of nerves, the comparatively loose mucous membrane which invests it, and which so readily admits of inflammation, and lastly, of infiltration.

W. N.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

GENTLEMEN,—That variety of chronic bronchial inflammation occasioned by the presence of foreign bodies, which have passed accidentally into the windpipe, is by no means of frequent occurrence. I am aware, however, of those cases which have been recorded. One by Dr. Lettsom, of the button of a foil having dropped into the trachea of a boy; another by Dr. North, of a leaden shot which slipped into his own windpipe, while swallowing a glass of wine; and a third by Mr. Howship, of a small nail which had fallen into that tube. In each of these cases the usual symptoms of chronic bronchial inflammation were induced. And in each, after a lapse of years, the foreign body was ejected by coughing; and recovery eventually took place.

To the above, I would beg leave to add a case, very analogous in its history, which came under my own observation, while residing in the country. An elderly, but healthy man, in the act of swallowing a piece of boiled fowl, allowed a bone of the neck to pass into his trachea. It produced such a degree of irritation and coughing, that he was induced to send for me. But the distance to my residence being considerable, some time was necessarily spent before I reached my patient. However, when I did come, any urgent symptoms which might have existed, had entirely disappeared; which led me to doubt the nature of the accident. No violent symptoms followed; but a dyspnœa, and frequent fits of coughing, with a muco-purulent expectoration, continued to harass the patient for about two years. At the end of this time, in one of the coughing fits, the neck bone of a fowl, about the size of a large pea, was expectorated. This was speedily followed by a

disappearance of all the unfavorable symptoms, and a return to perfect health. The above cases are remarkable, as exhibiting none of those symptoms (at least in their usually aggravated form,) so well known to characterize the contact of foreign substances with the mucous membrane of the trachea. What interposed here, to prevent the usual spasmodic constriction of the larynx, and the distressing dyspnœa which accompanies it? They are important, moreover, as exemplifying a species of disease, bearing a clear resemblance to, and easily mistaken for, pulmonary consumption. In the case which came under my notice, the cause of the complaint was not suspected. It was regarded as one of those pulmonic affections, which, in spite of every treatment, hold on their course with such unerring certainty, to a fatal termination;—until the expectoration of the bone, and the relief which followed, revealed its cause. Although the favorable result of those cases prevented the possibility of ascertaining with certainty, the extent of lesion which existed, yet I think it very probable, that not only the bronchial membrane, but also, the pulmonic tissue, were maintained in a state of chronic inflammation, during the presence of the foreign body. Wishing you entire success, in your attempt to establish a Medical Journal in Montreal,

I remain, Gentlemen, your obedient servant,

T. Bowie.

CASE OF OVARIAN TUMOR OPENING INTO THE BOWELS—THE PATIENT RECOVERING.

BY W. FRASER, M. D.

The subject of the following disease is a respectable married female, aged 27, whose general health and conformation of body, is good—she has been upwards of three years married, and in May 1842, became the mother of a healthy looking child, which shortly afterwards died. I attended her accouchement; it was natural. For some time previous to her confinement she suffered much from a pain in the back and iliac regions, together with dysuria: finding that she carried her child rather lower than usual, I regarded these symptoms at the time as owing to the stretching of the uterine ligaments, and now mention them as probably forming the first link in the formation of the disease I am about to describe.

For two months previously to the present attack she had not menstruated; had had morning sickness, and thought herself pregnant—the papillæ of the nipples were elevated, but the areolae were not well marked—the breasts were larger than previous to menstruation ceasing; the os

Uteri was thick but not closed—she had a slight attack similar to the one now to be described about a week previously.

November 22d, 1843.—On the morning of that day I was requested to see her, and learned she had been taken during the night with a severe pain in the right ilio lumbar region, affecting the corresponding portion of the spine, and shooting down the thigh of the same side, accompanied with frequent desire to pass water; it had subsided gradually, and she was now comparatively easy; there was still a dull, aching feeling in the parts, and before my visit ended another paroxysm commenced, so severe in degree that it caused her to moan loudly. The tongue was slightly furred—the bowels were moved the previous day—the pulse was quick but not strong—the skin dry, without any extraordinary heat. On examining the seat of pain, the right iliac fossa appeared fuller than its fellow, and tender to the touch—in the course of the day it became harder and more tender; but in the evening, after leeching, purging, &c. was softer and less tender. From the 23d Nov. up to the 10th Dec. there was no severe attack of pain, only slight uneasiness on going to stool; on the latter day she had a severe attack of pain, and on requesting to make an examination of the parts, the patient directed my attention to a point to the right of the linea alba, half way between the pubis and umbilicus, where I readily discovered a well defined tumor, about the size of a large turkey's egg. There was neither swelling nor hardness in the original site of pain; it was very apparent then that the fulness originally felt in the iliac fossa had been caused by the tumor now distinctly felt in the situation mentioned, but which had weighed anchor, and was susceptible of being extensively moved about, even to the left of the linea alba. From the 10th to the 14th Dec. the tumor enlarged rapidly. On the latter day I think it must have been equal in size to an ordinary cocoa-nut—the pain and feeling of distension were insufferable; the patient often expressing her belief that it would burst; on the 14th, an exploratory puncture was made into it with a fine trochar, and three ounces of straw coloured liquid obtained, which partly congulated as it flowed from the trochar into the basin and formed a white and solid jelly, when treated with nitric acid. Slight peritoneal tenderness followed the puncture, but the pain and feeling of distension in the tumor were decidedly relieved for four or five days, when they recurred, and continued for the succeeding six weeks, varying in severity—the worst paroxysms being always in the course of the night, preventing the patient from sleeping, and rendering the constant use of anodynes absolutely necessary. As might be expected from such suffering and its necessary treatment, the patient's general health during this period suffered seriously—she became very thin and had a nasty dry cough. The tumor progressed in size, though not

I think so rapidly as previous to its being punctured; about the 10th of January, it occupied most of the space between the pubis and umbilicus, and laterally in proportion—it pressed down the anterior wall of the vagina, and prevented the possibility of a satisfactory examination of the uterus, which, so far as it could be ascertained, was enlarged; its os rough to the touch, thick and still open.

About the 15th, the uterine souffle was distinctly heard, and on the 25th of January premature labour came on, when she was delivered of a fœtus about four months old—notwithstanding this occurrence the pain still continued as severe as ever, with some hysteric symptoms superadded. Consequently, on the 9th Feb. being 14 days from the period after confinement, I called a consultation of three medical gentlemen who had previously seen the case, with a view, if thought practicable, of removing the tumor by operation, as lately so extensively and successfully practiced in England, and if this was not thought advisable, I intended puncturing it with a large trochar, in order to diminish its tenseness, and give at least temporary relief.

Nature had, however, anticipated us—the tumor having that morning, shortly previous to our visit, effected an opening into the bowels, and which we saw freely discharged, per anum; the discharge was of a dark red color and very fœtid; the tumor felt much softer and the patient easier; it continued to discharge for three or four weeks, gradually diminishing in quantity, and entirely ceased early in March. The remains of the tumor, or more strictly speaking, the contracted sac, are now to be felt above the pubis, inclined rather to the right; the size of an orange, hard to the feel, evidently attached to the uterus; there is still an uneasy sensation about the bowels, or rather a feeling as if the contracting sac dragged the bowels, but no severe pain. The patient's general health is greatly improved,—she was able to walk about the room, has been out driving, and at church. Such is a brief epitome of the history and symptoms of the case.

Symptoms so severe as I have described at the commencement of the attack, when the tumor could not have been larger than a hen's egg, are, I believe, unusual in the history of Ovarian disease—they consequently rendered the diagnosis obscure. From being the patient's ordinary medical attendant, I was aware that she occasionally suffered from irritation of the urinary organs—that on these occasions the urine deposited a lateritious sediment, which circumstance, together with the symptoms, made the case appear not unlike a calculus in the ureter. On the other hand, the swelling and difficulty with which the bowels were moved, looked fully as like an obstructed coecum or colon, pressing upon the ureter and subjacent nerves. A free discharge obtained from the bowels without the appearance of scybalæ or hardened

fæces, and with only temporary abatement of the pain, forbade the idea of its being an obstructed coecum: the dislodgment of the tumor from its original situation, and the exploratory puncture, not only proved it not an obstructed ureter, but clearly pointed it out as a tumor; while the albuminous nature of the fluid obtained by the puncture seemed conclusive as to its being Ovarian. The symptoms of pregnancy, although sometimes produced by Ovarian disease, indicated at the commencement of the case, the probability of the co-existence of pregnancy and the uterine souffle heard at a later period, converted this into a certainty. This, on the 14th December, was the first deliberately formed opinion of the case, and it ultimately proved to have been correct.

But the constant recurrence of the paroxysms of pain, the rapid increase of the tumor, and the impossibility of making a satisfactory uterine examination, had subsequently led to a suspicion of the case as being one of extra uterine foetation, which it certainly greatly resembled; but, as the reader is already aware, proved not to be the case.

And here I would, *en passant*, make a remark on the value of the exploratory puncture in similar cases. From the description given by physiologists, of the chemical properties of the liquor amnii, by all of whom albumen is mentioned as one of its constituents, I was under the impression that it coagulated by heat or nitic acid; a few days ago I was undeceived, having had an opportunity of obtaining some, I find it coagulates not by these tests; the albumen in it must consequently be trifling, and when contrasted with the solid jelly formed by the liquid obtained from the tumor, is I think sufficient to distinguish an Ovarian tumor from an extra Uterine pregnancy, when any doubt exists: other differences in the properties of the liquid contained in Ovarian tumor, and the liquor amnii of extra Uterine foetation, might no doubt be discovered; but the one now mentioned is, I think, ample for all practical purposes, and simple in its application.

The most prominent symptoms of the case were severe pain in the situation of the tumor, in the back, and right thigh, extending down the limb, desire to pass urine, constipation, flatulent distension of the bowels, hysteric symptoms, and lastly, though not the least remarkable feature of the case, the rapid increase of the tumor itself. These symptoms, with the important exceptions of the first and last, are all referable to pressure by the tumor on the subjacent nerves, the ureter and bowels. At the commencement of the attack, I think the tumor must have been adherent in the right iliac fossa, for after it ascended, the symptoms of pressure on the ureter and bowels or the nerves supplying them, were not by any means so troublesome. With regard to the pain in the situation of the tumor during the paroxysm of pain,

the patient's own sensations of distension in the tumor were so distinct that I am inclined to refer it, partly at least, to a morbid sensibility in its sac; this I am induced to do from the circumstance of its presenting several points of a firm or fleshy-feel. Such a structure must have been supplied with nerves of sensation, which would necessarily suffer from the distension.

The rapid increase of the tumor was unusual; in the short space of ten days, from the 10th to the 20th December, it must have secreted a quart; the only circumstance which can in my opinion account for it is the co-existence of pregnancy, the unusual quantity of blood sent to the uterus during that period would supply a tumor which to all appearance sprang from its ovary, with a larger quantity of blood than in the unpregnant state.

The treatment comprised one general bleeding, warm bath, hot fomentations, several applications of parties of leeches over the seat of pain, together with antispasmodics and anodynes,—the most effectual and generally used of which were morphia and assafœtida enemas. The bowels were kept open by confection of senna, castor oil, injections, and occasionally a blue pill. When the patients health began to suffer various tonics were administered, such as compound infusion of gentian with soda, steel wine, infusion of columba and quinine. The cough was overcome by hydrocyanic acid, liniments to the chest, and nourishing diet. When the tumor commenced discharging, the patient felt great weakness,—for which a firm bandage was applied round the abdomen, and quinine, wine, malt liquor, beef tea and jellies, liberally allowed. She has latterly along with the quinine taken Bull's compound Extract of Sarsaparilla, a preparation containing iodide of iron and potash, and the compound iodine ointment has for the last five weeks been applied freely over the remains of the tumor which it appears rapidly to diminish. Mercurials I have studiously avoided on account of the debility produced by them, and from having but little faith in their efficacy in the present case.

Montreal 20th April, 1844.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

GENTLEMEN,—Through the medium of your journal, (whose appearance I hail with pleasure,) permit me to call the attention of the profession to the use of a solution of (say gr: x of the Tartrat of Antimony to ℥ I of distilled water,) as a counter irritant application, in place of the "Unguent: Tartar: Emetic," of the Dublin Pharmacopœa which is usually employed. I was led to substitute it some time since by the

consideration that the ointment is disagreeable to many, (particularly female patients,) and that the medicine in this form is not in the best possible condition for absorption. The simple solution then in distilled water is the formula I would recommend for further trial, trusting that the results will be made public, if satisfactory.

I remain your obedient servant,

J. DUNCAN MACDIARMID,
Assistant Staff Surgeon.

Isle aux Noix, April 22, 1844.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

GENTLEMEN,—The accuracy of my diagnosis having been questioned, and the treatment adopted by me, having been severely censured, in the following case, I will feel obliged by your inserting it in the pages of your valuable Journal, and trust that it may elicit from my medical brethren further information on this, perhaps, imperfectly understood subject.

I remain, your obedient servant,

C. CARTER.
L. R. C. S. E

March 2d, 1843.—I was requested to see Miss D. æt. 21, of plethoric constitution and very sedentary habits. She had been complaining for some weeks, of dull, heavy pain, extending from the groin upwards to the lumbar region, and had some difficulty in walking, inclining forwards with a peculiar limp in her gait. Had previously been attended by a Physician, who had pronounced her case to be Rheumatism in the bowels. Bowels habitually costive, seldom being relieved more than once in two or three days. At the time of my visit her skin was hot and dry—tongue foul, pulse 130, and wiry. On examining the abdomen, I found considerable distension, especially towards the right ileo lumbar region, corresponding to the seat of pain, which confirmed me in the opinion I had first formed, of the existence of a large quantity of hardened fœces in the Caecum and Colon, producing irritation and inflammation of a sub-acute character, in the parts contiguous.

Powerful purgatives having failed of relieving the bowels of their enormous load, I prescribed bleeding, followed by full doses of calomel and opium—and subsequently mild laxatives, which, on the third or fourth day, effected the evacuation of an immense quantity of scybalae, some of very large size. The pain was now much relieved, and the general appearance improved.

Aware that affections of this nature sometimes gave rise to abscess

in the right iliac fossa, and suspecting, from her peculiar way of walking, that it might exist, I requested her mother to examine her, and compare both hips, in order to discover whether any difference in size existed. The following morning, she informed me, that the right hip and side were much larger and rounder than the left." This I found, on examination, to be perfectly perceptible. The iliac region presented also a diffuse swelling, which extended downwards, towards Poupart's ligament, and conveyed a distinct impression to the hand, when the patient was made to cough; reclining on her back, with the right knee raised and bent, afforded her most relief from pain, which the erect posture and walking invariably brought on.

I now directed accurate measurement and comparison to be made by means of tape brought up from the Perineum in front, over the iliac region, and up from behind over the lumbar region, meeting on the crista ilii also from the spine to the linea alba; in the former way the difference in size, indicated about six inches.

These and other indications convinced me not merely of the commencement of abcess, but that matter had fairly formed; the absence however of hectic symptoms, the little constitutional disturbance which existed, and the improvement in health she already experienced, from the irritating cause being removed, induced me to refrain from alarming the patient or her friends, by not acquainting them with the serious nature of the case, and the fatal consequences, which not unfrequently followed; I was determined at least to try the effect of medical and proper constitutional treatment, previous to occasioning what might be unnecessary uneasiness.

The treatment now adopted consisted of small doses of blue-pill combined with squills and digitalis, carried to the extent of slightly affecting the gums—Iodide of potassium in large doses, three times a day—repeated cupping over the lumbar and superior gluteal regions—bleeding from the arm whenever plethoric symptoms presented themselves—and purgatives; under which her general health improved greatly and the swelling rapidly diminished.

Towards the latter end of April she was quite convalescent, entirely free from pain, and could walk with freedom considerable distances; all traces of the swelling having disappeared—but to perfect the cure I ordered a continuance for a short time longer of the medicines, to prevent a reaccumulation of matter, and admit of the walls of the sac being agglutinated together; my advice was, however, neglected.

After this she attended a friend's nuptials and entered into the festivities of the occasion. In a short time a return of the symptoms of her complaint took place, and on Monday the 15th May, she was suddenly seized, on getting out of bed, with acute and violent pains in

which has been impugned. With every feeling of respect, it is submitted to the members of my profession, for their opinions thereon.

Montreal, April 20, 1844.

THE MONTREAL MEDICAL GAZETTE.

Omnes artes, quæ ad humanitatem pertinent, habent quoddam commune vinculum, et quasi cognatione quadam inter se continentur.—*Cicero.*

MONTREAL, MAY 1, 1844.

There is no subject connected with the Science of Medicine of such paramount importance or interest, as that of Statistics. This term, originally employed, we believe, by Sir John Sinclair, in his valuable and standard work published with reference to his native country, was made by him to comprehend not only "the population, production and trade" of every county of Scotland, but also "the food, diseases and longevity "of its inhabitants.

It is now, however, so universally adopted, and its meaning so perfectly understood, even although the matters included within its range are much more numerous than when he wrote, that we shall not stop to explain the meaning applied to this branch of study in the present day; but shall merely remark that while its cultivation affords so rich a harvest to the Student of Natural History, and becomes so indispensable a requisite for the political economist, the natural philospher, the agriculturist, and the man engaged in mercantile pursuits, it promises to become doubly inviting and instructive to the Medical practitioner who, unfettered by the opinions of speculative theorists, and unbiassed in forming his judgment of disease by the weight of pristine and bygone authorities, calmly and dispassionately argues upon all the commemorative circumstances of the case, or, in other words makes himself thoroughly acquainted with every particular in the history of his patient, and with all those incidents which can in any way influence the production, or existence of the symptoms for which he is called upon to prescribe.

The effects of climate on diseases, and the modifications of these brought about by thermometrical and barometrical variations, have, by

common consent, long been acknowledged; but, it is no less well known, that by the geographical position and geological structure of a district or country determining the occupations of its inhabitants, the status or condition and mode of life of these are mainly and ultimately settled:—need we add, how far these are concerned in originating and modifying many diseases, which are totally independent of climate?

The subject naturally divides itself then into General Statistics and what is styled Medical Topography, by which is understood the description of every local circumstance or matter which can or does proximately or remotely bear upon or influence *man's health.*

The study of the former belongs more especially to the politician, the latter is identified with the Medical Profession—and although it is only within a few years, comparatively, that this subject has engaged the attention of the Members of our Profession to the extent that it has done, and very far from that to which it is so justly entitled, nevertheless, it is gratifying to observe the immense strides which its cultivation is exhibiting in this our own day, in every part of the world, and to what definite, nay, almost certain, conclusions, it is leading us in the consideration of diseases in general and of some more particularly. To what must we attribute all the knowledge that we do possess with reference to the intricate subject of epidemics? To what must we refer the vastly improved mode of practice adopted in our Lunatic Asylums? What will account for those rational and philosophical modes of treatment now pursued in our public services, but the study of Medical Topography? Vide Dr. Crawford's valuable communication in our present number.

These remarks are in an especial manner called forward in a country like this, whose geographical delineation is now in the course of being accurately completed; whose geological structure is about to be so correctly and scientifically made known to us, by the labours of our friend and countryman, Wm. Logan Esq. who, in addition to profundity of knowledge in this department, has brought his amor patriæ to bear upon the arduous but interesting task in which he is employed; lastly, we are prompted to solicit the deep and earnest attention of every well informed and candid member of our profession to this highly interesting and useful study at this moment, from the fact, that at the next meeting of the Provincial legislature, a corrected return will be made of the

number, ages and occupations of the inhabitants of this immense segment of Her Majesty's dominions—a return, from which immeasurably valuable data may be obtained for *commencing* the investigation to which it has been our wish in this article to stimulate our brethren in every nook and cranny of this extensive and interesting Province. That it is a work which cannot be undertaken by an individual must be admitted, but, as in other great undertakings, *how much may be accomplished by a division of labour*, and what a mass of valuable information may be accumulated by the combined exertions of all! Let the members of our profession, then, in United Canada, shake off the torpor under which they have laboured; let the chains of that inertia by which they have been enslaved, be broken asunder; let them come forward to a man, having now a common medium of communication afforded to them, in the Montreal Medical Gazette, and proclaim that they are willing and able to do something for the advancement of Medical Literature in this country, and that they are unwilling any longer to be regarded as mere drones in the great hive of the Medical community.

The Winter Medical Session in this City, terminated last week. Being the conclusion of the first Course of Lectures delivered at the School of Practical Medicine and Surgery, a most eloquent Valedictory Lecture was given to the Pupils of the School, by Dr. Arnoldi, Jun., in the presence of upwards of sixty gentlemen, an M. P. P., several of the members of the Profession residing in town, and some who had come in from the country for the occasion, testified their approbation of the proceedings. After taking a review of the labours of the Session, &c. &c., Dr. A. paid a well merited compliment to the Pupils, for the attention, diligence and respectful conduct displayed by them during the last six months, and having, for himself and his colleagues, bade them a heartfelt adieu, the meeting was addressed by Dr. Horace Nelson, now associated in the School; by Mr. Ouellet, one of the senior Students, who had been deputed by his confrères to return their most sincere thanks for the advantages which had been afforded to them by the Lecturers, in their respective branches, and for the unwearied zeal and industry which they had evinced in forwarding their studies. The meeting was finally addressed in the most heart-stirring manner by Dr. Nelson, urging the necessity of close and untiring study

on the part of all those who would desire to shine in the Profession of Medicine, as in all other branches of Science. He laid before them the opportunities now given to students, whether of English or French origin, for acquiring oral instruction, offered his measure of praise to the Lecturers of the School; and concluded by urging those before him to avail themselves during the recess of the many leisure hours which hitherto they had been in the habit of wasting, to improve themselves in those studies, by which they might hereafter become ornaments in their profession. The class opened with 29 Students.

It was our intention to have published a report of four cases of poisoning by the cicuta virosa, which occurred in the Recollet Suburbs on the 11th ult. From the number of original contributions, however, and consequent want of space, it must be deferred to our next number; we will merely remark, that of the four children who had eaten of it, two died within four hours, with all the symptoms of narcotico acrid poisoning, the other two have perfectly recovered. We had an excellent opportunity of testing on this occasion the utility of the plan suggested by Dr. Nelson of administering remedies through the nasal passages, by means of a bent up spoon and we have obtained the permission of that gentleman to transfer to our pages a communication made by him before the existence of this Journal to the Boston Medical Gazette on the subject. We must not omit acknowledging with thankfulness the readiness and kindness displayed by Mr. Shepherd, Nurseryman of Hospital Street, in fowarding our wishes to discover the real nature of this poisonous plant.

We have received a report of the case of the unfortunate man Champeau, whose death took place on Sunday week last. We have also before us the Professional evidence, reported to have been given in the Coroner's Court, and of which we propose to present our readers with a digest on a future occasion, with remarks arising out of certain portions of that evidence. For obvious reasons, we purposely abstain from doing so in the present number; although the case is one full of interest in a pathological and practical point of view. We are thankful, that the sciences with which we have to do, are unaffected or uninflu-

enced by politics, and that we can reflect upon this case as one not only furnishing us with much matter for deep consideration as professional men, but also as evidencing how truly "in the midst of life we are in death."

DEATH OF SIR HY. VAUGHAN HALFORD, BART., M. D.

The death of this distinguished physician is announced in the late English papers to have occurred in London on the 9th ult. He had reached the great age of 78 years. No member of our profession ever enjoyed so exalted a reputation among the highest classes of society in England, from royalty downwards, as the subject of our present notice. He had the high honor of being Physician to four Sovereigns in succession, and to George IV. for a short period he acted as Private Secretary. As an accomplished scholar, a most finished gentleman, and one of the most zealous members of the College of Physicians in maintaining, that the highest standard of honor and talents was alone compatible with our profession, he was second to none. By his death, the College of Physicians of London has lost not only its President but also one of its brightest ornaments. We well remember the effect produced on his hearers by his beautiful and learned communications at the conversaziones of that distinguished body in Pall Mall.

MEDICO-CHIRURGICAL SOCIETY.

16*th March*, 1844.

DR. SUTHERLAND, in the Chair.

A very interesting case of purpura hœmorrhagica, occurring in a young gentleman, æt 15, was submitted to the Society, with the view of considering its pathology. When first seen by Dr. S., with the exception of some few petechiæ and œdema of the lower extremities, none of the more marked symptoms of the disease were present, and no medicine was prescribed. But in ten days, the affection under consideration became manifest; the petechiæ had increased in number and size, and had extended over the entire surface of the body; those which had appeared first disappearing, and fresh hœmorrhagic deposits being made, these at first had a florid colour, becoming, in less than twenty-four hours, purple. There were great lassitude, prostration of strength, occasional vomiting, the pulse varying from 95 to 100, with little elasticity; the conjunctiva and lining membrane of the mouth were ecchymosed in a manner similar to that of the skin; bowels regu-

lar; no cough; skin cool, even cold at the extremities; nails blue; tongue moist, and slightly coated. At this period, there was no hæmorrhagic evacuation of any description. The boy was visited on the 17th March. Quinine, with a quantity of sulphuric acid, more than sufficient to give the sulphate solubility, was prescribed. On the 19th the symptoms had increased: this was attributed to the stimulating effects of the quinine; there was now vomiting of blood, dark and coagulated; blood was also passed by stool; little or no tenderness of the epigastrium; no cough, nor did the stethoscope give any peculiarity of respiratory murmur. Prescribed 15 grs. of acetate of lead, without opium, to be repeated every two hours, should the vomiting of blood continue; if not, every four hours. Six doses were left and taken during the next twenty-four hours, at which period the hæmatemesis had ceased entirely. But there was now superadded another condition, more alarming than the preceding—namely, comatose symptoms. On the 20th, the pulse was steady and full at about 90; twelve ounces of blood were taken from the arm. On the 21st, six more doses, 15 grs. each, of acetate of lead, were again ordered; there was now slight oozing of blood from the fauces; occasionally black blood was spat up without effort—the lungs now exhibiting some degree of participation in the general affection; there was, too, a species of pleurodynia, increased by percussion, supposed to be owing to a petechial state of the pleura costalis. From this day, the lad improved. On the 28th, a mixture, containing acetate of lead was again taken in small doses, to prevent, if possible, the formation of fresh ecchymosis. On the 1st April, convalescence was established; the spots remained for several months, with a tendency to œdema of the feet and legs after fatigue. No unpleasant symptom was produced by the acetate of lead.

Dr. Sutherland conceived that this disease depended essentially on a debilitated state of the capillary vessels; while Drs. Arnoldi and Badgley, admitting this as a consequence, argued that a change in the quality of the blood itself was the primary cause of this singular disease.

Dr. Arnoldi related to the Society the particulars of a highly interesting and most curious case of vicarious menstruation, which he had seen, as well as another member of the Society, while in Edinburgh, where purpura and bloody extravasation on the skin were present for several months, and which had attracted the particular notice of the late Professor Duncan, and some others of the Professors of that University,

Dr. Fraser mentioned the case of an elderly man, in whom purpura came on apparently as a sequence of asthma.

Drs. Crawford and Godfrey also alluded to the occurrence of purpura in two children, of the same family, aged seven and three years, during the existence of small pox and typhus fever.

NOTICES TO CORRESPONDENTS.

Dr. Horace Nelson's case of Scrotal Hernia in our next number.

Dr. C. Carter's "Remarks" are unavoidably postponed until next month, from press of matter.

"Z."—Want of room must account for the non-appearance of the continuation of his article.

"A Subscriber" is informed, that it is our intention, on completing the twelve numbers, constituting a year's volume, to transmit to each of our subscribers, not only an index of contents, but also a title page; —that the work may be bound.

"W. A. R. G.'s" communication in our next.

Dr. Déchêne's letter Rimouski—has been received—he shall hear from the Editors with the least delay possible, in the mean time they offer him their best thanks.

ON THE PREPARATION OF VINUM FERRI.

BY M. DONOVAN, ESQ.

Take of the best hock one pint; common rust of iron of the shops well levigated, two ounces. Introduce both into a matrass, which plunge into a water bath maintained at the temperature of 100°. Constantly agitate the matrass for an hour; then remove it from the water, and the next day filter. The colour of this vinum ferri is a very deep greenish brown, almost black when the volume is great; its taste is ferruginous, agreeably and highly vinous; it produces a pleasant warmth in the stomach, and never sickens. In its effects it must be tonic, diuretic, emmenagogue, anthelmintic, and carminative. It does not, in a moderate dose, excite. No other wine than hock will afford a preparation possessing these virtues. The dose for an adult may be three or four drachms thrice a day; in smaller doses, it is of little use. If it is to be exhibited in combination with a bitter, it agrees well with colombo or gentian. By this method, in one day, we obtain a far better preparation than is procurable by the processes of the pharmacopœas in two months. The iron exists in it chiefly in the state of protoxide.—*Dublin Medical Press.*

MEDICINES ADMINISTERED BY THE NOSE.

BY DR. NELSON.

Having, for several years, been invariably successful in administering medicines through the *nose*, when the powers of deglutition were totally lost, as well as when medicines have been rejected either through imbecility or obstinacy, and where it was impossible to introduce any in consequence of the tetanic state of the jaws, without having recourse to the barbarous practice of knocking out several teeth, I deem it a duty incumbent upon me to make the procedure known to the profession, as I am not aware that a similar method has hitherto been observed, at least in the human subject. I have adopted the same plan in suspended animation, or asphyxia, with astonishing success—life having been restored, even when its last spark was almost extinguished, and death seemed complete. I shall very briefly state a few cases.

A stout, plethoric girl was taken with convulsions, shortly after a full meal at supper. The family physician was called in, but the convulsions were so violent, and the *jaws* so firmly locked, that he could not introduce any medicine into the mouth. Attempts at bleeding were made; frictions, sinapisms, sprinkling of cold water, &c. &c., were used, to no purpose. At 11, P. M., I was called in. Never had I seen a more violent case of hysterical convulsions—the friends apprehended speedy death. Twenty grains of pulv. ipecac. with 1 gr. potassio-tart. ant. were mixed in a spoonful of water. This was poured into the nostrils, and passed down, as was manifest by the action of the throat. Immediately after, ½ drm. spt. ammon. arom., undiluted, was sent after the other; this produced a marked uneasiness; sneezing followed, but soon ceased. The fits returned, and the aromatic spirit was repeated, at least ten or a dozen times. The face gradually lost its livid hue, the patient became more tranquil, and in twenty minutes the "jaw fell," and copious vomiting of much acid and undigested food followed. The next morning my patient was up and about to the astonishment of all, and well, save a tenderness in the nose and some heat in the fauces.

Not long after the occurrence of the preceding case, I was requested to see a fine, and most completely "spoiled child," four years old. Speedy vomiting seemed to be indicated; 10 grs. pulv. ip. and gr. i. of tart. ant. were repeatedly forced into the mouth, and as often spurted out in the faces of the assistants—holding the head back, and ample pinching of the nose, notwithstanding. Seeing this, a similar dose was prepared in a spoonful of water, and poured into the nostril. This readily passed into the stomach, maugre the efforts the urchin made to send it whence it came. The medicine had the desired effect, and, I

take it, saved the wayward child. After this, the little vixen was ready enough to take medicines in the right way.

Last summer I was called in haste to a sailor, who had fallen into the river, and had been under water "upwards of ten minutes," as affirmed by the Captain and by-standers. He had all the appearance of being dead—the face bloated and livid, the mouth filled with froth and mucus. Another practitioner had preceded me, and was industriously occupied in rubbing the body, which was cold and exposed to the air. He was immediately wrapped up in warm blankets, and under these dry mustard was abundantly rubbed over the whole surface, while I was busily employed with the spt. ammon. arom., first pouring ½ drm. down the nostril, then dipping a quill, saturated with the *aqua ammoniæ*, and which was thrust down the nose as far as could be reached. This caused some motion—the face became a little florid, a feeble attempt at sneezing was evident—then an attempt to cough, but in a moment after, all was again still; but by persevering in this course for fifteen minutes, the man sneezed forcibly. From this instant it was easy to produce excitement. Thirty grains of pulv. ipecac., mixed with water, was now poured down the nose. In about ten minutes vomiting occurred; much mucus, and the remains of a half-digested dinner, came up. In one hour he was partly conscious; he was then bled ʒ xvi., followed by suitable aperients, &c. &c., and in a few days, to use his own language, he "would be quite well, if it was not for the infernal burning and itching of the skin (caused by the mustard,) and the thump on the head," for he struck it on a plank while falling into the water.

A few months since, I was called to a man stated to be dying, from the effects of an extraordinary portion of whiskey he had just taken. He was cold and clammy; the face and the extremities quite blue; mouth filled with froth; breathing nearly suspended, and pulse countless. He had all the appearances of one in *articulo mortis* with Asiatic cholera. Not having a stomach pump at hand, and not having time to wait for one, as life was nearly gone, thirty grains of pulv. ipecac. were at once mixed up and poured down the nose, as nothing could be passed through the mouth; and the slight effort to swallow led me to think it was trickling down the throat. Immediately after, ½ drm. spt. ammon. aro. was poured into the other nostril; this caused manifest uneasiness, but nothing more. Another portion was administered, which produced some wincing. A long quill, well saturated with the common aqua ammoniæ was repeatedly thrust in through the nose. An effort to sneeze, then a cough, and then a good hearty sneeze, assured me that the topor was entirely gone. Nausea soon became apparent, vomiting followed, and in two hours the wretched man had

knowledge enough to ask where he was, and the next day was sufficiently well to take the temperance pledge.

An athletic man, raving mad with *delirium tremens*, to whom it was impossible to give any medicine by the mouth, was in two hours in a state of tranquility, having *swallowed* through the nose one grain ext. belladonna, two grains of pulv. ipecac., and three grains pulv. opii, mixed with water in a spoon.

I am by no means an advocate for the constant and indiscriminate exhibitions of medicines in this manner. I am even apprehensive, that the liquid thus introduced might *occasionally* pass into the trachea, and produce considerable distress. But where no other means are left, I am decidedly of opinion that the plan above stated should be employed, and I feel satisfied that life might be restored in many cases wnen otherwise it would be lost; at the same time, I am free to state, that in no instance could I detect any injury resulting from the practice.

When the powers of deglutition are lost, or a spasmodic affection of the throat, or rather of the fauces, exists, as in *hydrophobia* especially, I would strenuously recommend the above practice. And in *asphyxia*, I am satisfied no more effectual nor more prompt means could be used to excite respiration. In all cases where persons are strangled, as it were, from inhaling noxious and poisonous gases—such as are given out from putrefying vegetable and animal substances, after having been closely pent up and suddenly loosened, bodies recently interred, privies long closed and then uncovered—or from breathing carbonic acid gas in brewers' tubs, and in deep and foul wells, or in close rooms where charcoal has been burned, I would suggest that the aq. ammon. be applied to the nostrils, and as far down the throat as possible, by means of a strong and long feather. A writing quill I have found to answer admirably well, and in the absence of any of these things, I pour the ammonia from the phial; and if there is the smallest vitality left, it will be called into action by thus irritating the extremely sensible Schneiderian membrane, which will at once call the respiratory organs into activity. I shall not dilate on the above, but leave theory and speculation to such as have more time and talent. I have dealt with facts, and flatter myself on having made known a treatment that will be found available in some of the desperate and most melancholy cases that have but too often baffled the best attempts of able and humane men by other means. Let it be remarked, however, that while these powerful measures are resorted to, other and obvious adjuvants are not to be neglected.—*Boston Medical and Surgical Journal.*

ACETOUS EXTRACT OF CANTHARIDES.

Mr. Saubeiran has published the formula for a blistering preparation

which is a good deal used in many parts of Germany. It is prepared by digesting with a gentle heat four parts of coarsely powdered cantharides, one part of concentrated pyroligneous acid, and sixteen parts of alcohol, filtering the mixture, and slowly evaporating the fluid. The product has the consistence of butter, and if smeared on a piece of paper and applied to the skin, will be found to raise a blister in a short time. The consistence of this preparation, and more especially the presence of the acetic acid, suffice to prevent the cantharidine from crystallizing, a result which always takes place with the etherial extract, and constitutes a great objection to its use.—*Medical Times, December* 16, 1843.

The vesicatory plaster sold in this city at the Medical Hall, must be made of a preparation, similar to, if not identical with, the one here described. It seldom fails of producing vesication in four or five hours. [*Editors Montreal Medical Gazette.*]

ON THE PRESERVATION OF FERRUGINOUS PILLS.

BY M. SIMONIN, OF NANCY.

The following method is said to have the effect of preserving ferruginous pills in an unalterable state, and maintain their proper consistence, which is not obtained by the ordinary formula :

Take pure protosulphate of iron,
pure subcarbonate of potash, of each equal parts.

Reduce separately into a fine powder, then mix and triturate together until they begin to liquefy. Add a sufficient quantity of clarified honey to render the mixture completely liquid. Place the mortar on a very slow fire, and constantly triturate until the mass assumes a pilular consistence. Preserve in a pot or divide into pills.

Bulletin Général de Thérapeutique. Janvier 15 *et* 30, 1841.

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Edited by Francis Badgley, M. D., and William Sutherland, M. D.

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DR. H. NELSON ON INGUINAL HERNIA.

AUX EDITEURS DE LA GAZETTE MEDICALE DE MONTREAL.

MESSIEURS,—Le 30 Mars, à 5 P. M. je fus appelé auprès de Hypolite Laroche, du Fauxbourg de Québec, âgé de 42 ans, homme fort et vigoureux, souffrant " d'un horrible mal de ventre avec de coliques, ne pouvant aller à la selle, et vomissement depuis le midi." D'après cette description " explicite," je soupçonnai l'existence d'une hernie étranglée—en effet, je le trouvai, souffrant sous tous les symptômes les plus violens de l'étranglement intestinal. Le scrotum était de la grosseur d'une vessie soufflée. Je déterminai immédiatement de réduire la tumeur herniaire, par le moyen ordinaire, le taxis, que j'employai de mon mieux, plaçant une main à l'ouverture inguinale externe, pour repousser l'intestin par degrés, tandisque de l'autre, je supportai le scrotum et forçai son contenu sur l'anneau. Je continuai cette manipulation que très peu de temps, le malade se plaignant tellement, et repoussant mes efforts, qu'il me sembla y avoir du danger d'augmenter l'étranglement par une plus considérable descente de l'intestin, ou de produire une inflammation qui pourrait avoir des suites funestes.

J'ordonnai que la tumeur fut supportée et élevée par des linges au périnée, afin qu'il n'y eut pas d'irritation sur la partie étranglée par le poids de la tumeur aussi bien que par sa position dépendante qui invitait un suintement continuel des fluides intestinaux, et qui fait toujours une considérable partie du contenu d'un sac herniaire. Je fis couvrir de neige toute la tumeur, aussi bien que la région inguinale—je lui donnai du *Sulfate de Morphine*, et *extrait de Belladonne* de

chaque un demi grain—ce qui en quelques temps fit disparaître les douleurs et les coliques ; de sorte que le malade s'assoupit, et en peu de temps dormait d'un sommeil profond. Vers une heure après, il fut éveillé, par une légère douleur, suivie de gargouillement dans le scrotum, qui se trouva dans un instant débarrassée de son contenu—la hernie n'existait plus.

La méthode employée dans ce cas, est celle adoptée par mon père, depuis plusieurs années, et avec beaucoup de succès.

Il est du devoir du Médecin, dans tous les cas de hernie, de s'employer à réduire la tumeur par le taxis, le plutôt possible ; mais si elle est grosse et très sensible, résistant à des efforts modérés, il doit discontinuer la manipulation, car autrement il produirait un tel degré d'inflammation dans l'intestin, qu'il pourrait en résulter la mort du malade ; soit qu'on ne parvienne pas à faire la réduction, ou soit qu'on y réussisse par trop de violence, puisque tous les cas terminant fatalement sont attribués à l'inflammation. Il est vrai aussi que se laissant conduire par trop de prudence, on peut quelques fois faillir d'opérer la réduction par la manipulation,—mais en même temps on se garde de la plus funeste de toutes les suites de telles lésions, l'inflammation ; et comme dans le cas sous observation, n'ayant pas été porté bien loin, les remèdes et les applications furent suivies du plus heureux effet.

J'expliquerai l'opération de mes remèdes comme suit : la position élevée d'abord, facilite le retour du fluide au travers l'anneau, le froid produit une diminution de sang dans les vaisseaux, en même temps cessation de la douleur, et la condensation du gaz ou des vents, qui, avec les fluides, forme le volume de la hernie—une action péristaltique dans la portion inférieure de l'intestin le retire dans l'abdomen, et voilà comme il me semble qu'il regagne sa place originaire, ce qui se fait sentir par une légère douleur et gargouillement. Quelques remarques que l'on puisse faire sur cette théorie, je puis recommander et soutenir le succès du traitement employé dans d'autres cas que le présent. Mon anodin à l'effet de calmer l'irritation et l'excitement du système, principalement des intestins—d'empêcher les vomissemens, de produire le sommeil, et le relâchement du canal inguinal.

Vous souhaitant tout le succès que votre journal mérite,

J'ai l'honneur d'être,

Messieurs,

Votre Serviteur Obédt.

HORACE NELSON, M. D.

Montréal, 15 Mai, 1844.

DR. VON IFFLAND ON INJURIES OF THE HEAD.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

GENTLEMEN,—The notes of the *post mortem examination* of the cases, contained in the enclosed sheets, having been taken on paper detached from that descriptive of them, I cannot, after the most diligent search, trace their place of *safe deposit;* but as the skulls are in the possession of Dr. James Douglas, I have this day directed his attention to the subject, and I have every reason to believe that he will seize the earliest opportunity of placing at your disposal an accurate exposé of the bones found fractured in their bases.

Should, however, the desired information not be received in time for subjoining it to the cases, and for appearance, *in whole*, in the June number of the *Gazette*, the conclusion may be deferred to the succeeding one,—long before the publication of which, it is more than probable, that Dr. D. will also put me in possession of such additional observations, as may form the subject of another article.

Our communications through the mail in this section, are not, I may add, very favourable to despatch.

I have the honour to be, Gentlemen,

Truly, your devoted and faithful servant,

A. VON IFFLAND, M. D.

Yamaska, (near Sorel,) 17th May, 1844.

There is no subject, from its importance and interest, within the extensive range of Surgery, which has more engaged the attention and labour of eminent and experienced Surgeons, than *injuries of the head* —injuries, not only involving the greatest obscurity and uncertainty in their diagnosis, but the sacrifice of human life. It is, however, to injuries lying entirely beyond the reach of surgical relief, that I now intend to submit two cases, which, in their nature and result, completely controvert the generally received opinion, that *fractures of the basis of the skull are universally fatal.* These, I must admit, are not of a class upon which discoveries, after death, might have placed the Surgeon in a position to save life; but such alone as afford proofs, that *non-interference*, on his part, ought not always to be reprobated, but may also be sanctioned by the result of experience.

I am well aware, that where nothing surgically can be added to the hazard of life, already perilled by certain accidents, nothing can justify the omission of such means as may bear the least probability of advantage or success, when accurate, distinctive marks invite the eye and hand of the skilful operator. Yet, in the absence of these guides, and when I seriously balance the injuries so often inflicted, and con-

trast many of those means in their application to the numerous mixed and complicated cases of injuries on the head, with a non-interference of their objects, I am conscientiously borne out, and confirmed in the opinion, that, to that non-interference alone are many fellow-beings indebted for their actual existence; and the registers of the Marine Hospital record the names of hundreds, as irrefragable evidence of the truth of this startling allegation.

In the following cases, I have omitted the minor details of treatment, as not connected with the facts I am desirous to illustrate, and even condensed them in other particulars, in the view of not only affording room for many important communications from your intelligent correspondents, but from an intention of preparing for the press, in a more extended form, the result of practical observations upon injuries of the head.

James Douglas, seaman, aged 40, was admitted into the Marine Hospital on the afternoon of the 19th September, 1837. He had fallen from a considerable height into the hold of the ship. Perfectly insensible; pulse 30, and intermitting; intense coldness throughout the whole extremities; a livid appearance on the left side of the face, with continued twitching of the muscles; breathing in a slight degree sterterous, and apparently through the nose: pupils of the natural size, and irides susceptible of light, and tongue pressed against the velum and palate.

The whole head was examined with much accuracy, but no part of the scalp appeared lacerated; no depression of bone, no tumefaction, but all indicated great mischief, concealed in the brain. The following morning, when I accompanied Dr. Douglas, the case had assumed no change,—the same pulse, the same twitchings, &c. Towards the evening, the powers of life were, to all appearances, absolutely sinking; on the third day, the same; but the tongue had resumed its natural position, and small quantities of liquids were introduced into the stomach. Thus he continued, day after day, in a complete state of coma, and *articulo mortis*, when, to our great astonishment, on the morning of the twelfth day after his admission, he spoke—in the afternoon, spoke rationally, and continued rapidly from that period to obtain strength and his wonted health; and, on the 21st November, was discharged, as fit to join a corps of volunteers. In that corps, out of his element as a seaman, his feet and legs became frost-bitten, through long exposure to cold, and he was readmitted into hospital on the 13th January, 1838, labouring under very extensive sloughing of these parts, with general debility, and died three days after.

John Ward, seaman, aged 23, was admitted into the Marine Hospital

on the evening of the 3d October, 1837, in a state of complete insensibility, with oozing of discoloured matter from both ears and nostrils. He had fallen from the deck into the hold of the vessel. The head was attentively examined by the Apothecary, but then no clue was offered to the concealed mischief. I saw the case, about an hour after: I found a slight laceration of the integuments, covering the posterior part of the right parietal bone, but neither fracture nor depression at this, or any other part of the cranium, could be discovered, after the most careful examination. Pulse slow, full, but very irregular; there appeared an alternate dilation and contraction of the pupils, on the application of different shades of light. The operation of this stimulus was, however, frequently inverted. He was seen by Dr. Douglas in the early part of next morning, but with appearances so complicated, contradictory, and inadequate to offer any diagnosis, that he pronounced it a perplexing case; but, having in view the preceding one of his namesake, he hinted to me his conviction of fracture of the base of the skull: he strongly deprecated the loss of the vital fluid, and enjoined nearly the same means as were employed in the preceding case, attention being had to the bowels, with a spare introduction of bland nutritious drinks. I believe that during my short absence at Sorel, where I had been called, a very small quantity of blood had been extracted from the back part of the head.

On the 28th, without any other means than those mentioned, he was considered so far recovered as to be discharged from the register of the Hospital; yet, from the circumstance of his ship having sailed, and with no place of retreat, he was allowed to remain in Hospital, and perform certain subordinate duties attached to orderlies. This poor fellow, vigilant to the calls assigned to him by the nurse of the fever wards, then containing thirty-seven cases of typhus fever, contracted the disease, and died on the 22d November.

(To be continued.)

DR. CARTER ON LUMBAR ABSCESS.

Abscesses in the iliac fossa, have generally been described under the names of psoas or lumbar abscess. They are very often mistaken or overlooked in their first stage, and frequently their true nature is not discovered until the period for active treatment is passed. Hence the universally fatal results that are recorded in the practice of numerous medical men. The views, which for a long time prevailed, as regards the pathology of the disease, and which, it would seem, are still entertained by some, even distinguished practitioners, are, moreover, a fruit-

ful source of error, and another cause of the inefficiency of the treatment usually adopted.

The complaint, in almost every instance, is not marked by any prominent symptoms. The patient seems to enjoy his usual health, and there is nothing in his outward appearance to indicate the commencement, or even existence, of a malady, which, if allowed to proceed unchecked, becomes most formidable in its results, and shows the necessity and importance of a correct diagnosis; in proof of which, I will merely transcribe what Dr. Elliotson, of the London University, states in his lectures :—"These cases are often mistaken for rheuma-"tism; and it is not an easy matter to make the distinction in the "first instance." And again: "Before seeing so many of these "cases, I have been deceived, and supposed that there was nothing "more than rheumatism, and frequently put down lumbago, when the "case turned out to be one of psoas abscess. I could make no impres-"sion on the disease; the patient has gradually sunk, until at last he "has died,—and on the autopsy, a collection of matter has been found." Here, it was very evident, the disease was not suspected until after death, when dissection proved its nature.

If such a man as Professor Elliotson, whose eminence in his profession, and whose talents, are universally acknowledged, admits to have been himself frequently deceived, it is surely of the utmost importance to use every precaution in diagnosis, and to remember the advice he has given on the subject, viz.: "It is, therefore, a rule with "me, whenever a patient complains of any symptom whatever, to "investigate that symptom to the bottom,—to look round, and see "whether there are any other circumstances about the patient, "showing that the symptom is trifling or something serious." And yet mistakes are daily committed for want of this proper scrutiny.

The weakness in the back and loins,—the fatigue in walking,—the dull pain generally felt in one point, but sometimes shooting to the thighs and loins,—are referred to rheumatism, lumbago, neuralgia; or, if in a female, to hysteria or deranged menstrual function. The disease is treated in the dark: tonics, steel, wine, antispasmodics, and occasional laxatives, are administered—the usual routine of some practitioners; who, without giving themselves the trouble of thinking, inquiring, or examining into all the symptoms, seize some one of them, give it a name, and treat it according to the most approved methods described in books.

The patient may or may not derive benefit from the treatment; the physician rests satisfied with the correctness of his first opinion,—considers it of no consequence, and tells the patient it will disappear with the warm weather. The disease, in the mean time, progressively

advances,—hectic symptoms supervene; barks, cordials, are given unsparingly: a large tumor or swelling at length shows itself in the groin, and then probably too late for any active measures to be efficacious; the true nature of the disease is discovered,—the patient lingers out a miserable existence for several months, until, worn out and debilitated by exhaustion from the immense secretion of matter, death terminates his sufferings.

The celebrated Dupuytren, the distinguished Parisian surgeon, was the first to elucidate fully and accurately this hitherto formidable disease. He demonstrates that it was in many instances, if not generally, dependent upon an affection of the cœcum. The more we study the physiology of this organ—its anatomical relations—and investigate its pathology—the more must we be convinced of the truth of this eminent man's views. They are, however, best expressed in his own words:—

"A long time has elapsed since I have made known the fact of the "development of tumours in the right iliac fossa having an apparently "intimate connection with the parietes of the cœcum. These tumours "are frequently accompanied by remarkable derangement in the func- "tions of the large intestines. In a great number of cases, they ter- "minate in resolution—sometimes by an abundant suppuration—some- "times they constitute the point of origin of a general peritonitis. "Thus, in every point of view, they should be carefully studied. "One of the first questions, then, which presents itself is—Why do "they almost invariably form in the right iliac fossa? Why is the "left iliac fossa so rarely their seat? The answer can only be found "in the form of the intestines and the surrounding parts. Plunged in "a mass of cellular tissue, the cœcum presents at its point of reunion "with the small intestine so marked a constriction, that various foreign "substances are apt to accumulate there, and sometimes become them- "selves the determining cause of these abscesses.

"Let us add, that it is in this part the alimentary matters, taking the "excrementitial character, are compelled to circulate contrary to the "laws of gravity, and that it is also in this part that in numerous dis- "eases, inflammatory alterations are met with. May we not, then, legiti- "mately conclude, that all these dispositions, natural and morbid, "elucidate the occurrence of these engorgements outside the intestine, "and explain their frequency in the right iliac fossa.

"The appearance of these tumours is sometimes preceded by pre- "cursory symptoms. After some error of diet, constipation, diarrhœa- "colic, (more or less habitual),—sometimes without any of these cir- "cumstances—the patient experiences colic and intestinal pain, tending "to concentrate in the right iliac fossa or radiating in the great intes-

"tines, or disseminated over the abdomen. Ordinarily these colics are "accompanied by constipation.

"The symptoms peculiar to the disease are the fixity of the pain in "a very limited point of the iliac fossa, and the tumefaction of this "point.

"Sometimes the fever is rather intense; but in the uncomplicated "cases, no general symptoms of importance usually occur."

The disease sometimes terminates by ulceration into the cœcum; and the matter in this way is discharged by the bowels, and the patient is cured. A case of this kind is mentioned in the 4th volume of Johnson's Review. Dupuytren, also, states several instances. Sometimes the disease terminates in gangrene; and these cases are usually, if not always, fatal. An instance occurred in my practice four or five years ago: A man, named Olivier Pratte, a bailiff, after being exposed to considerable fatigue and exertion in an open boat, during the inclemency of the weather, was seized with pain and swelling in the right iliac region. He sent for a quack, who treated it with poultices and emollient applications, for about ten days. I was then requested to see him, and found him labouring under all the most alarming hectic symptoms,—profuse sweats, obstinate hiccup, and vomiting, &c.; all the lower part of the parietes of the abdomen extending on the right side over the hip and upper part of the thigh, were in a state of acute phlegmonous inflammation, and the following day were gangrenous. The gangrene was prevented from spreading, by circumscribing it with the nitrate of silver. The hectic symptoms subsided under the use of calomel and opium, antispasmodics, &c., and the bowels were relieved by emollient enemata; in this state the man existed for eight or nine weeks, and appeared at one time to have recovered from all the formidable symptoms he first laboured under. The gangrenous integuments became as hard as sole leather, and showed a disposition to separate, by sloughing from the surrounding healthy structure; his strength was supported by full nourishing diet; strong broth injections, strong infusion of cinchona with sulphuric acid, was freely administered, and for a time he recovered so far as to pick up flesh and strength. This improvement, however, was but of short duration; the matter had burrowed deeply beneath the pelvic fascia, and also made its way over the crest of the ilium and into the lumbar region, dissecting the integuments from the muscles clean to the spine, and extended downwards a considerable distance on the thigh. Such an immense secretion and accumulation of matter soon exhausted the patient, and he gradually sank under its debilitating effects. Dissection proved the nucleus of the disease to have been a small calcareous concretion, which existed in the appendix vermiformis; this, along with

the cœcum, was softened and of a slate colour; the coats of the bowels were much attenuated, nearly diaphanous, particularly towards their posterior portion; a complete focus of matter was formed around it, which had deeply burrowed beneath the muscles. The iliac muscle near the crista Ilii was disorganised, softened, and absorbed; the oblique muscles of the right side, for two-thirds of their extent, had been involved in the gangrene, and destroyed; the transversalis muscle was very much softened, and of a dusky red colour. At the lower part of the iliac region, corresponding to the internal abdominal ring, scarcely anything else but the transversalis fascia and peritoneum covered the abdominal contents. The rectus muscle of the right side was, as it were, dissected, but otherwise healthy.

It is well understood, that of all structures in the body, cellular membrane is that which is most apt to take on suppurative action, and where it exists in greatest abundance and most exposed to irritating causes, there will abscess most frequently take place; its occurrence in superficial more frequently than in deep seated cellular tissue, does not depend on the principle that superficial cellular membrane has a greater disposition to assume inflammatory and suppurative action, but that it is more exposed, from its position, to the effects of irritation and other causes of inflammation, than that which is deeper seated. The same laws, however, which govern the formation of matter in the external, it is evident, apply equally to internal structure, and where we can unquestionably trace long continued irritation in an internal organ, and moreover are aware that this organ is in close contiguity with cellular membrane, it is our duty to inquire whether this irritation has not been followed by organic change. I firmly believe that many cases of lumbar or psoas abscess originally arise from irritation and inflammation about the cœcum; and that, were medical men to be more particular and searching in their inquiries, this insidious and dangerous disease, from being early detected, would comparatively be easily cured; the records of surgery would then not abound with so many instances of its fatal termination.

(To be continued.)

FOUR CASES OF POISONING BY THE CICUTA VIROSA.

On the afternoon of the 11th of April last, four children, of the respective ages of 4½, 5, 6, and 6¼ years, wandered into a piece of ground, which had last year been used as a garden; and, being attracted by some roots, partly bared of earth, they plucked them, and, fancying, from their appearance and smell, that they were carrots, or, more

probably, parsnips, they all partook of them,—although, as proved by the results, in different quantities. Within half an hour, they were all seized with extreme nausea, burning pain at the epigastrium, and colicky pains in the bowels: in a word, they all complained, on their reaching their homes, of "mal de cœur," for which warm milk was administered to them all. Efforts to vomit were induced; in one, *full vomiting* was effected, but in the other three nothing was rejected from the stomach. The pains gradually increased in two of them; and, in the space of about two hours from the time of their eating the roots, they were labouring under complete coma, with tetanic convulsions,—the jaws rigidly fixed, profound stertor, and the whole face puffed and bloated, having precisely the appearance of the head of a person who has been for some hours under water; pulse intermitting, sometimes imperceptible. The greatest consternation prevailed in the neighbourhood; and, from the density of the crowd collected about the house in which one of the children was, considerable difficulty was experienced in reaching the door. This, however, was nothing compared to the scene within: the room was literally crammed with persons; the shrieks of the women rent the air, and every one was suggesting some remedy to be tried. Being informed, by the person who came for me, that it was to visit a child who had been poisoned by something that he had eaten, I hastily put up about half an ounce of ipecacuanha, and probably a drachm and a half of sulphate of zinc. Half of these were mixed in a large cupfull of tepid water; and as it was impossible to administer it by the mouth, it was poured into the nasal passages, by means of a narrow dessert spoon. While in the act of attending to this child, a second was brought to the house, wrapped up in a blanket, in precisely the same state. The remainder of my stock of emetics was mixed, and divided between the two—but without the slightest effect. A quantity of mustard was also administered in the same manner, with an abundant supply of warm water. Frictions were made over the stomach and bowels. Harassed by the crowd, overpowered by the heat, and my own stock of medicines being exhausted, I despatched a messenger for assistance, and a fresh supply. Dr. Nelson speedily arrived; and, emptying a paper, containing about two drachms of sulphate of zinc, and as much more of ipecacuanha, into a breakfast cupful of tepid water, the attack was renewed by us, but with the same results; and it was at this time that I had ocular demonstration of the utility of the bent-up spoon recommended by Dr. Nelson. Finding all our efforts to produce vomiting ineffectual, we applied very copiously a paste of mustard to the calves of the legs, and over the epigastrium and bowels; another quantity of sulphate of zinc,

(about one drachm,) which had been brought by a pupil residing in the neighbourhood, was given. Although vomiting was not induced by these means, it was about this time that relaxation of the spasms showed itself; and not venturing to add to the enormous quantity of emetic remedies already prescribed, it was determined upon to give to each child a dose of croton oil and calomel: ten grains of the latter, moistened with a very little damped sugar, were put upon the tongue of each child, and a feather, dipped three times in a phial of croton oil, was made to lubricate the tongue and fauces of both. They were left in charge of the young gentleman above alluded to for an hour and a half; and, on our return, we were delighted to learn, that one of our little patients had brought up a quantity of, to all appearance, coagulated milk, and had recovered not only his sensibility, but power of articulation. No such report, however, was given to us of the other. During the night, our young deputy gave each of the little patients castor oil; to the one, about three ounces,—to the other, about one only. At six o'clock next morning, a message was sent to the effect, that one of the children was dying, and on our early visiting this poor little fellow, we found that it was too true; he did not survive more than three hours. The other child was decidedly better; but no action of the bowels occurred until 2, P.M., when I administered an enema of castor oil and spirits turpentine, which produced its effect within a quarter of an hour, unpacking the intestines of at least two quarts of a pultaceous, horribly fœtid, olive coloured mass, the fluid part of which consisted evidently of the enema only, about six ounces. In fact, the poor child showed, on being lifted into bed, what an amount of relief he had experienced. From this time, every thing went on most favourably: a little excitement about the brain continued for two or three days, but at the expiration of a week, he was perfectly recovered. But what became of the other two children? He who had eaten most sparingly of the party, had vomited fully from the warm milk, and, after a dose of castor oil, was quite well on the second day. Not so with the fourth. This poor little fellow, after drinking the milk, went out into the yard. No particular anxiety was felt about him, until the report of the other children being so ill reached his parents, when a messenger was despatched for Dr. Nelson, and a search instituted about the premises for the child. The body was found in a barn, in the rear of the house—but his spirit had fled.

FRANCIS BADGLEY, M. D.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

GENTLEMEN,—Should you deem the following communication of a severe case and unexpected recovery of chronic pleurisy, with effusions, worthy of a place in your Gazette, you will oblige me by giving it insertion.

October 2, 1836.—Augustin Duval, aged 40, mason, is lying on his right side, which is oedematous to about three inches in thickness; seems to be dying from extreme dyspnœa and dangerous faintness; skin of leaden colour, from deficiency of oxygenation for some time past; pulse 125. Went a bear-hunting about a month ago; remained all night in the cold dew, and contracted a severe pleurisy, which was neglected, and terminated some days ago in symptoms of effusion, filling the right and partially the left side. He has constantly refused to consent to an operation, till the 11th, from which time he became very anxious to submit to any means likely to relieve him. On account of depth of substances to be cut through, the external incision was of necessity made more than five inches long, which indeed was barely sufficient to allow the operation to be got through with ease. Four pints of offensive purulent matter were evacuated, to the poor patient's great relief, and he passed, with the assistance of an anodyne, the first comfortable night he had enjoyed for a long time.

4th.—Wound almost healed, and chest refilling, so as to threaten a return of the late disagreeable symptoms, which has induced my sensitive patient again to have the opening renewed. In the mean time, I was sent for in a great hurry, and told that he was dying. Found him fainting, and bathed in upwards of two gallons of serum and pus!

The evacuations from the side continued to the quantity of about a pint daily, for about two months, and gradually diminished, till his complete recovery, and ability to support his family by his trade.

There remains a depression of the affected side, and corresponding hypertrophy of the other lung, which seems quite able to do all the extra duty imposed on it.

The treatment consisted generally of mercury and opium; acids, to remove symptoms of hectic fever; preparations of iron, &c.

The appetite was generally keen, and he was allowed as much animal food as he was inclined to take.

I am,

Gentlemen,

Yours, &c. &c.

W. A. R. G.

MESSIEURS,—Si la communication suivante vous semble de quelqu'intérêt, vous m'obligerez en l'insérant dans votre Gazette Médicale, déjà si intéressante par les matières qu'elle renferme et la manière habile dont elle est rédigée, et qui mérite, à juste titre, d'être encouragée par les souscriptions et les écrits des médecins franco-canadiens.

J'ai l'honneur d'être,

Messieurs,

Votre humble et obéissant serviteur,

J. G. BIBAUD, M. D.

CAS REMARQUABLE D'ADHÉSION DU PLACENTA.

Le jeudi, 15 février, dernier, à quatre heures du matin, je fus appelé auprès de la femme de J. L., pour un accouchement. C'est une femme agée de 36 ans, d'un fort tempérament et bien conformée, qui accoucha de son premier enfant à 34, après un travail long et pénible où il fallut employer les forceps.

Lorsque je la vis, cette dernière fois, l'accouchement s'offrait avec les circonstances suivantes: la malade avait ressenti, la veille, les premières douleurs; la poche des eaux s'était rompue le même jour et le fluide s'était écoulé en partie. En examinant, *per vaginam*, je trouvai l'orifice utérin de l'étendue d'une piastre d'Espagne. Peu après, il s'effaça entièrement et la tête éprouva son mouvement de rotation pour venir se placer dans l'axe du détroit inférieur, en première position. De ce moment je m'attendais à voir l'accouchement se terminer bientôt, car les douleurs devenaient énergiques. Cependant, elles se répétèrent pendant plusieurs heures, à des intervalles rapprochés et avec la même vigueur sans que la tête fit plus que se présenter sous l'arcade pubienne. Vers les 11 heures, m'appercevant que le travail ne faisait presqu'aucun progrès et les efforts de la matrice semblant se ralentir, je proposai l'application des forceps. La malade en fut alarmée, ce qui m'engagea à demander l'opinion de mon ami le Dr. R. Ce monsieur, après l'examen, jugea convenable de retarder quelque tems. Je me rendis à son avis, et afin de donner à cette femme toutes les chances d'enfanter par les seules forces de la nature, j'attendis encore jusque vers les trois heures. Alors, voyant que les choses restaient dans le même état, je terminai l'accouchement par les fers; ce qui fut fait dans une dizaine de minutes.

Après la sortie de l'enfant, la matrice ne se contracta pas et le placenta demeura implanté à son fond. Comme il n'y avait pas de tranchées, j'espérai quelque tems, après quoi je pratiquai de légères tractions sur le cordon dans l'axe du détroit inférieur: manœuvre que je répétai deux ou trois fois dans l'espace d'un heure, sans succès. Je jugai,

alors, à propos de faire la délivrance sans plus de délai. Je fis des tractions plus fortes et je parvins ainsi à décoller le placenta en partie. Il s'en suivit aussitôt une hémorrhagie alarmante qui m'obligea, tout en continuant les tractions, d'employer les moyens les plus capables de faire revenir l'utérus sur lui-même. Mais, ces moyens n'ayant eu que l'effet de diminuer un peu l'hémorrhagie, j'introduisis la main au fond de cet organe, et à mon grand étonnement, je rencontrai une adhérence extrême du placenta dans presque toute son étendue. La difficulté que je devais rencontrer à en faire le décollement et les conséquences fâcheuses que je savais en pouvoir résulter, ne me permirent pas d'en prendre sur moi toute la responsabilité. Je rappelai donc le Dr. R. Après s'être assuré par lui-même de l'étendue de l'adhérence morbide, il me dit n'en avoir pas rencontré de semblable dans toute sa pratique, quoique très étendue dans cette branche. Il fallut extraire une grande partie de la masse placentaire par petits morceaux, offrant à leur surface utérine une couche fibrineuse dense.

Cette femme me dit avoir ressenti de la douleur, dans les derniers mois de sa grossesse, à l'endroit correspondant à l'implantation du placenta; ce qui donne à supposer qu'il y à eu une action inflammatoire à cet endroit de la matrice.

Pour se rendre compte de l'empêchement à la sortie de l'enfant, il faut remarquer qu'outre l'adhérence du placenta, le cordon était entortillé autour de son col; incident qui me persuada que j'avais pris le parti le plus sûr en accélérant l'accouchement. L'enfant vint au monde asphyxié par congestion de sang au cerveau, ce qui s'explique par la circonstance ci-dessus, et par son séjour prolongé dans le bassin de la mère. Après avoir laissé couler une couple de gros de sang par le cordon, il sembla se ranimer; mais, il était si foible qu'il expira peu après.

Il s'est rencontré des cas de rétention du placenta où son décollement a été impossible. Et même, il est des accoucheurs qui se mettent peu en peine de l'extraire, si la nature ne s'y prête. Quant à moi, je ne puis regarder cette pratique que comme dangereuse, à moins, cependant qu'on n'ait été appelé fort tard, lorsqu'il y à déjà inflammation ou beaucoup d'irritation de la matrice. Car quoiqu'il soit arrivé, qu'une portion assez considérable du placenta et même tout cet organe ait été retenu, sans qu'il en soit résulté d'accidens, cependant, est-il vrai de dire, que, le plus souvent le contraire à lieu. Il est évident, que tant qu'une partie de l'organe temporaire demeure adhérente à la matrice elle ne peut se contracter efficacement, et ainsi il est toujours à craindre que l'hémorrhagie ne se déclare et n'enlève la malade avant que le médecin ait pu venir à son secours. Il me semble, en outre, qu'il est moin facile de prévenir l'absorption des matiéres putrides qui stagnent dans l'utérus que l'inflammation de cet organe, qui peut être la consé-

quence de l'irritation que nécessite le décollement. C'est cette dernière forme de fièvre puerpérale que j'eus à craindre dans le cas que je viens de rapporter. Mais par un régime antiphlogistique rigoureux, j'eus la satisfaction de la prévenir.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

Herewith I send you a report of the "Leprous Disease" prevailing in the neighbouring Province, drawn up by my friend Dr. Skene, Assistant Surgeon of the 52d; and you are at liberty to make use of it for your periodical, if you think fit.

Respectfully yours,

J. SPENCE.

Kingston, May 21, 1844.

FREDERICTON, N. B., *25th April*, 1844.

To Sir JAMES M'GRIGOR, *Bart., Director General of the Army Medical Department.*

SIR,—Having been appointed by the Lieutenant Governor of New Brunswick, one of a Commission, consisting of Doctor Toldervy, of Fredericton, Doctor Key, of Chatham, Doctor Gordon, of Bathurst, and the Reverend Mr. Lafrance, P. P. of Tracadie, to investigate the condition of Tracadie and the adjoining districts, with reference to a malignant Disease reported to prevail therein, I have to state, that having, in terms of the above mentioned Commission, proceeded to the districts in question, the Disease alluded to proved to be the "Tubercular Leprosy," or "The Elephantiasis of the Greeks."

On comparing the symptoms of the cases submitted to us, with those of the "*Lepra Tuberculosa*," in Bateman, Simpson, Copland and others, I satisfied myself that this Disease was THE (Tubercular) Leprosy, and that their descriptions of it left little to be desired.

Deeming myself particularly fortunate in having thus had an opportunity of personally observing a Disease so rare and so little known to British Authors, and one which presents numerous points of enquiry to the philosophic mind, I have thought it best to confine my remarks: *First*—To the proof that the cases observed were really the Lepra Tuberculosa of Authors: *Second*—To the particular points still at issue in regard to the history of this remarkable malady.

In regard to the first point, I shall quote the definition (of this Disease) of Doctor Copland, Page 701, of his valuable Medical Dictionary—

"*Defn.*:—Dusky red or livid tubercles of various sizes on the face,

" ears and extremities ; thickened or rugous state of the skin, diminu-
" tion of its sensibility, and falling off of the hair, excepting that of the
" scalp ; hoarse, nasal or lost voice ; ozœna ; ulcerations of the surface,
" and extreme fœtor."

This definition will I think be amply borne out by the following cases selected from *nineteen* which came under my own observation :—

1. * Frances Savoy, Ætat. forty six, a married woman, with a family of six children. When I saw this patient on the 28th of March last, she presented the following appearance.—The surface of the skin seemed as if smeared over with oil ; the whole of the face was studded with turbercles, varying in size from that of a pepper corn to that of a large bean, the larger ones about the lower part of the face, where they became confluent, and caused much enlargement of the lips, and the cheeks to be pendulous. This enlarged mass, particularly under the chin, is divided by numerous rugæ, more especially by a transverse one larger than the others, giving or causing the appearance of what is commonly called " *double chin*," in a very decided manner ; Nose very much enlarged, also pendulous, with ulcerations commencing at the lower part ; Mucous membrane excessively thickened ; Eyebrows devoid of hair, and that of the cilia entirely disappeared ; voice husky, (hoarse) and nasal ; the whole of the inside of the mouth and fauces studded with tubercles of various sizes, confluent about the velum and uvula, breath intolerably fœtid ; many tubercles of various sizes were seen on the upper and lower extremities ; respiration short, and she coughs a good deal ; pulse eighty and rather small ; sleeps well and eats well ; Disease first made its appearance four and a half years ago ; suffers little or no pain. Her husband is in perfect health, and sleeps with her every night, but one of her sons, a boy eight years of age, is affected with same Disease.

2. † Tranquil Robicheaux, a boy aged fifteen. The patient presented the following appearance on the 29th of March, 1844 :—The whole of the face much swelled, and presents a shining glossy appearance, as if smeared over with oil ; studded with tubercles, very large about the lower part of the cheeks and chin ; tip of the Nose pendulous and abraded, with a livid *shining* tubercle ; Lips *enormously* enlarged, and full of small tubercles on the inner sides, which have the appearance of small cicatrices on their summits ; Tongue much thickened and protruding between the Lips, full of tubercles, with numerous fissures crossing each other in different directions ; Palate, and whole of the fauces thickly covered with tubercles, small and confluent ; Voice a mere whisper, and when raised by extraordinary

* One of the Neguac cases.
† One of the Tracadie cases.

exertion, not like that of a human being; uvula and tonsils extensively tubercular, in fact one mass of disease extending down into the pharynx; constant cough; Breath very offensive; Hair from Eyebrows and cilia entirely disappeared; extensive ulcerations on the calf of the left leg, and also on the right instep, with incipient ulceration about the roots of the nails; large oblong tumour in either groin, presenting somewhat the appearance of Femoral Hernia; four large but superficial ulcers on the left thigh, with thickened and indurated edges; Trunk of the body free from tubercles; sensibility of all the diseased parts very much impaired, if indeed not entirely destroyed, inasmuch as I pinched them as hard as I possibly could, without inducing pain; sleeps indifferently; appetite good, and digestive organs apparently unimpaired; Disease commenced six years ago; his uncle died of the disease about a month ago in, I am told, a shocking state.

3. ‡ Peter Savoy, Ætat. 33, married, wife and four children, all of whom apparently healthy, presented the following appearance on the 2nd of April, 1844:—Countenance of a dirty livid complexion, mottled and shining as if smeared over with oil: tubercles of various sizes studded over the forehead, smaller on the upper part of right cheek; Nose much swollen, with an enlarged state of the left *ala* more particularly, which is of a livid colour, and possessing a very glossy surface; upper Lip full of tubercles, which are superficial, and give the mouth a corrugated appearance; Eyebrows much enlarged and overhanging, devoid of hair, that of the cilia almost wanting; Conjunctiva slightly injected; Skin of Eyelids, and that covering malar bones of a yellowish, *coppery* or tawny colour; a large tubercle arising from the septum, filling up the left nostril; Mucous membrane much thickened; Palate of a darkish yellow, and in some places of a livid colour; Breath extremely fœtid; Voice hoarse and husky; Ears tubercular and pendulous; Chest and Arms covered with livid blotches; tubercles thickly studded over the outer and posterior surfaces of his forearms, one or two on the right have suppurated, and are now covered with dark scabs with white scaly edges; Hands dry and shrivelled, with skin on the palms horny and cracked; Nails tolerably healthy; Lower extremities (thighs and legs) covered with same livid blotches as those described on the Arms; state of the Feet same as that of the hands. He states that seven or eight years ago he fell out of health, and became affected with apathy, debility and drowsiness, and slight irritation occasionally in the skin; these symptoms continued for two or three years, and blotches shewed themselves on the face, chest and extremities, of a

‡ Was seen in the Tracadie district on the 2d of April, 1844.

darkish yellow (tawny) colour, which in the course of some months became of a *dusky red and livid colour.* These were followed, in the course of nearly twelve months, by the appearance of tubercles, (or lumps as he described them); the first developed itself over the left eye, and have extended since, as has been described.

4. Alexander Stewart, Ætat. forty-nine, single, presented the following appearances on the 3d of April, 1844:—Complexion dirty and unhealthy, and the surface of the skin seems as if smeared over with oil; Face mottled, studded with flattened tubercles, none very superficial; whole of the integuments thickened with uneven surface; Eyebrows full and drooping, perfectly devoid of hair; that also of the cilia almost gone; Lips thickened and full, and their inside covered with small tubercles with white summits. The whole of the Throat and Palate covered with tubercles with superficial ulceration, and extending down the pharynx as far as can be seen; two or three tubercles on the back part of the Tongue, which is much thickened; Breath very fœtid; —Voice a mere whisper, with laborious breathing; occasional cough, with a bloody mucous expectoration. His beard is so thin that he can go three weeks without shaving, and suffer no inconvenience therefrom; the whole surface is covered with a dark reddish eruption, more particularly on the upper part of the chest and extremities, [here the peculiar oily appearance is well marked;] Skin of Hands much shrivelled and cracked; Toes swollen, colour livid and glossy; Nails furfuraceous and almost gone; several detached tubercles on the instep and back part of Legs; great want of muscular power; the sensibility of the surface is very materially diminished, pinching the integuments of the face and extremities, causing little or no pain; to use his own expression, "my flesh seems as if it were dead." Appetite good, but passes very restless nights, and is altogether in a very debilitated condition. He states, that about eight years ago a rash appeared on his body, which was considered by his friends to be the Itch; this rash was confined to the extremeties. In the course of some four months, it in a degree disappeared, and was followed by swelling of the whole of the integuments, and some of the glands in his neck became enlarged, and numerous tubercles (or lumps, as he called them,) presented themselves upon his face, and have since gradually spread.

I trust that the foregoing extracts from our "case book" will satisfy you that the Disease which we saw is identical with the Tubercular Leprosy which prevailed throughout Europe during the middle ages, and which has more recently been seen in Iceland, the Farroe Islands, Shetland, Madeira, Holstein, the Crimea, Africa, Ceylon, (vide Staff

Surgeon Kemmis, paper Ed. Med. and Surg. Journal, No. 52,) and the East and West Indies.

The new locality for this Disease forms a part of the Province of New Brunswick.* It is chiefly confined to the east side of the land lying between the Bay of Chaleur and the estuary of the Miramichi River, and more particularly to the Settlements on the Neguac and Tracadie Rivers.

We could not draw any *positive* conclusion as to the original appearance of the disease in this quarter; but from the statements submitted to us by some of the oldest settlers, we learn that the first case occurred about the year 1817, in the person of a woman named Ursule Landré, one of a family of nineteen children. The father of this family is supposed to have been an Acadian, and married a woman of Caraquet, of the name of Mary Bredeau. This Ursule Landré, one of his daughters, married a man of Tracadie, of the name of Joseph Benoit, about the year 1798 or 1799. Ursule and her husband came to reside in Tracadie immediately after their marriage, and had five children, three daughters, and two sons. She is known to have been a perfectly healthy woman until after the birth of her youngest child, which took place in 1809. She continued in delicate health for six or eight years, and it was observed about this period that *spots* or *blotches* developed themselves on the face, extending over the upper part of the trunk and extremities. After a lapse of time distinct lumps (as they described them) appeared on the face and on the inside of the lips and in the throat. She lost the hair of her eyebrows and eyelashes; Voice became hoarse and husky; and, in short, she appears to have exhibited all the characteristic symptoms of the disease, and died in 1829. Joseph Benoit, her husband, took the disease three or four years before her death, and sank under it in 1831. From these cases, the disease would appear to have gradually extended itself, and although ten or eleven years ago only two cases existed, we found, independent of seven deaths* which have occurred, thirteen confirmed cases and three highly suspicious ones, in Tracadie; four confirmed cases in Neguac, and one confirmed case in Tabisintac; and one (Alexander Stewart) eighteen miles up the North West Branch of the Miramichi River; making in all nineteen.

(To be continued.)

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* These deaths are exclusive of five others, who are known to have contracted the disease in Tracadie, but died elsewhere. Doctor Key saw these cases, and most positively asserts that they died of this disease.

THE MONTREAL MEDICAL GAZETTE.

Omnes artes, quæ ad humanitatem pertinent, habent quoddam commune vinculum, et quasi cognatione quadam inter se continentur.—*Cicero.*

MONTREAL, JUNE 1, 1844.

The ceremony of conferring the degree of Doctor in Medicine and Surgery took place on Saturday last, 25th May, at M'Gill College, on which occasion seven gentlemen received the "summos honores."

We are personally acquainted with several of these gentlemen, and we feel that we are not going too far in predicting that they will prove as successful Practitioners as their examinations have testified to their having been zealous and attentive Students. The day must have been a proud one to the Candidates, and no less gratifying to the Professor and Lecturers of the Faculty, whose lessons and instructions they have been following.

The order of the ceremony was simple enough. The Chair having been taken by the Principal, the Vice Principal and Members of the Convocation being seated on either hand, the Candidates were introduced; and, after repeating with the Registrar a pledge that they would practise their profession, cautè, castè, probèque, and that they would not, without "gravi causa," do aught to injure their alma mater, "hunc collegium," their names were duly registered on the books of the University. They were now presented to the Principal, by whom they were "capped"—that is, endued with the power of practising medicine and all the branches appertaining thereto. This was the most interesting part of the proceeding: the Candidates were all in the attitude of prayer—kneeling before the Principal—and as the name of the Blessed Trinity was pronounced, each bowed his head, in token of humility and of thankfulness.

The M. D.s were then congratulated by the Caput and Members of the College, and took their seats on the platform.

A continuation of the day's proceedings, yet more impressive, was to be enacted—the granting of the degree of Divinity on the Rev. D. Falloon, Minister of the Free Chapel, Griffintown, and of the degree of Doctor in Civil Law on the Honourable Chief Justice Vallières

de St. Real and William Badgley, Esq. Each Candidate was presented to the Principal by a sponsor, who read the petition of the party, detailing, at the same time, his qualifications for the honour. The latter of these gentlemen, we believe, has accepted the Chair of Lecturer of Civil Law in the University.

The language used throughout was that of Rome; but we regret that by far the greater part was perfectly inaudible; a word here and there was all that could be made out,—even the Principal, with his usually sonorous voice, was with difficulty heard where we stood.

Great disappointment was felt because of there not having been an address spoken, either by the Principal or the Professor of Practice of Medicine. On previous occasions, we have heard that which well repaid the trouble of having gone to hear, and we, with many others, missed that which was wont to be considered an essential part of the day's ceremony.

The following are the names of the gentlemen who received their diplomas, together with the subjects of their theses. We wish them all joy and every success:—

W. E. Scott, of Montreal, on *Peripneumonia.*

W. H. Wagner, Osnabruc, C.W., *Hæmoptysis.*

Alexander Long, Montreal, *Oblique Inguinal Hernia.*

P. Proulx, Boucherville, *Rubeola.*

R. Holden, of Belleville, C.W., *Pneumonia.*

E. H. Trudel, Montreal, *Hydrophobia.*

R. Godfrey, Montreal, *Blood-letting.*

The first two numbers of a new periodical, holding a position intermediate between the daily and other journals and our own,—have made their appearance. The *Gazetteer* occupies a middle place between these two classes, both as to matter and periods of publication—embracing medical, legal, literary and commercial subjects, and being issued twice a month.

We offer the Editors our congratulations, and hope they will receive every encouragement from the classes to whom they have appealed.

We beg to assure them that the reports of which the leader of the second number complains have not reached us, and that we therefore, could not have formed an "erroneous opinion" on the subject. Were

these reports correct we would not have felt anything like anxiety ; on the contrary, great satisfaction would have been experienced : we would now prefer, as far as we ourselves are concerned, that there did exist a connexion such as that spoken of in the Gazetteer.

We again offer our good wishes to the Gazetteer, and feel the truth of the words " irrupta tenet copula" and " nil humani a nobis alienum putamus."

We have received the following communication, in relation to the proceedings on Saturday last, at M'Gill College, and we gladly give it insertion. Our own version had been handed to our publishers previously to our reception of the subjoined. Had it been otherwise, we would have withdrawn it.

M'GILL COLLEGE.

On Saturday, 25th of May, the ceremony of graduating the successful Candidates for the degree of Doctor of Medicine and Surgery, was performed. On that day, seven gentlemen, who had completed the curriculum of study required by the statutes, and who had undergone the various trials appointed, were admitted to the Doctorate. Of these, three had already graduated in the United States.

The names of the Graduates are:—

Rufus Holden, of Belleville, C.W., (M.D. of Pennsylvania College,) Thesis, *Pneumonia.*

William H. Wagner, of Osnabruck, C.W., (M.D. of Jefferson College, Philadelphia,) *Hæmoptysis.*

Phileas Proulx, of Boucherville, C.E., (M.D. of Albany College,) *Rubeola.*

Alexander Long, (Licentiate of the Royal College of Surgeons of Glasgow,) *Oblique Inguinal Hernia.*

William E. Scott, (Provincial Licentiate,) *Peripneumonia.*

Robert Godfrey, (Provincial Licentiate,) *Blood-letting.*

Eugene Hercule Trudel, of Batiscan, C.E., *Hydrophobia.*

This is *the same number that graduated last year.*

Since the revival of the Medical Lectures in 1837, there has been a regular progression in the number of pupils attending this school, and the " matriculations" of the last session exceed those of any preceding one; fifty-three students having enrolled their names in the " Matricula" of the Medical Department. The fees of " Matriculation," as well as those of " Graduation," are devoted to a fund exclusively appropriated to the purposes of the Library of the Medical Fa-

gations que nous vous avons pour nous avoir introduits dans cette belle carrière ; vos grands et généreux efforts à nous y introduire comme par la main et à nous y faire avancer le plus rapidement possible, toutes ces considérations, messieurs, exigeraient, de notre part, des présents plus précieux que l'or et l'argent ; mais, messieurs, il me semble de lire sur vos nobles figures que de tels présents ne sont d'aucune valeur aux yeux d'hommes généreux et dévoués comme vous ; non, certainement, non ; plus d'une fois vous nous avez donné des preuves de votre désintéressement ; ce sont, au contraire, les sentiments d'un cœur reconnaissant que vous prisez. Eh bien ! messieurs, puisque ces présents vous paraissent si agréables, nous vous prions de les recevoir et de croire qu'ils viennent du fond de nos cœurs. Recevez, illustres professeurs, le tribut de reconnaissance et de gratitude que nous vous devons pour tous les bienfaits que nous avons reçus de vous. Tout notre regrèt, aujourd'hui, messieurs, est de n'avoir peut-être pas correspondu à vos efforts à nous instruire et d'avoir été, peut-être, comme l'homme ignorant et grossier qui ne sait pas distinguer la pierre précieuse du grain de sable qu'il foule aux pieds ; mais, je suis persuadé d'avance que vos cœurs sont aussi disposés à nous pardonner que l'est celui d'un bon père envers ses enfans.

C'en est assez, messieurs, nous laisserons parler nos cœurs ; leur langage est plus énergique que la bouche la plus éloquente. Je me contenterai seulement d'adresser, avec votre permission, quelques mots à ceux qui ont partagé avec moi vos bienfaits.

O ! *mes compagnons, mes amis, mes frères*, n'oublions jamais la sollicitude et la bienveillance de nos *bienfaiteurs*, et lorsque plus tard, nous serons appelés auprès de quelques *patiens*, si avec le secours de l'art, nous réussissons à les rendre à la vie et à la santé, gardons-nous bien de nous en attribuer tout le mérite, pensons aussitôt que cette gloire nous vient de nos *illustres professeurs*, qui sauront bien eux-mêmes la faire remonter jusqu'à celui qui donne et fait croître les *talents*.

We have been requested to state to the members of the Medico-Chirurgical Society—that the meetings will be held monthly during the summer—till the month of November, at which time they will again be every fortnight—medical men residing in the country are invited not only to visit, but to take *part in the proceedings of, the Society.*

There was a meeting of the District Medical Board of Examiners on the 7th May—being their quarterly day of assembly—at which the following five gentlemen, having passed creditable examinations re-

ceived certificates for licences to practise the several branches of the profession—

Francis Robineau of St. Thérèse de Blainville ; Hyacinthe Beauchemin of Nicolet ; Louis Laurier of Mascouche ; ——— De Rosier of Ste. Hugue and Augustus Régnier of Montreal.

We have in this number, taken from the Medico-Chirurgical Transactions of London, a case of Sir Benjamin Brodie's—whose authority and language supply us with an apology for inserting it as it appears.

The history of four cases of poisoning, produced by the Cicuta Virosa, appears in our number of this month, and will be found interesting in a pathological point of view, as demonstrating the fact of the enormous quantities of emetics which may be administered without producing their specific effects, when the system is thus narcotized. The stomach was not the only organ rendered insusceptible of stimulation: in the instances recorded, the pupils were obliterated—the irides scarcely visible and immovable. The violent remedies passed through the nostrils, and those subsequently applied to the tongue and fauces of the boy who recovered, produced not the slightest local irritation: on the fourth day he was in every respect well.

ERRATUM.

In Dr. Crawford's paper on Medical Statistics, in our last number, page 39, second line from the bottom, for " out of every 100 troops," read, " out of every 1000 troops," &c.

TO CORRESPONDENTS.

Dr. Wight's case was received too late for this month's impression ; it shall appear in our next number.

Z. is again unavoidably postponed; we hope that he will not be displeased.

Dr. Dubé's wish has been attended to.

The continuation of Dr. Crawford's article in our next.

Dr. C. Carter's remarks will be concluded in the July No.

Dr. Cartier's instructions will be seen to.

MEDICO-CHIRURGICAL SOCIETY'S ROOMS.

30th March, 1844.

Dr. Fisher, in the Chair.

[We publish this case in the Doctor's own words—long though it be—because we find that any abridgment would materially affect the description and animus of the history.]

Dr. Fisher related the following case :—

I was requested to visit the subject of this case, during the summer of 1842. I found her emaciated to the lowest degree. She showed considerable curvature of the spine, and there was a constant discharge of a thin greenish pus from an opening near the lower margin of the left side of the thorax. This opening, I was soon satisfied, communicated with the cavity of the chest. Little could be done in the way of treatment; the administration of tonics, with due regard to the state of the bowels, constituted the chief of my therapeutic means. There was little or no cough. For some weeks, I daily expected to hear of her death. Things continued in this state for two or three months, when her mother directed my attention to a considerable tumour, yielding a distinct fluctuation just above the crest of the ilium, and close to the spine of the left side. I opened the abscess by a pretty free puncture, at my next visit, and obtained half a slop basinful of matter, similar to that issuing from the opening in the thorax. For some time, both openings continued to discharge, and she became gradually weaker. I entertained no hopes of her life; at length, however, the discharge diminished very much; she gradually regained her strength, and, to all appearance, recovered entirely. The last time I saw her, on account of that illness, was in the spring of 1843, when she had walked from Salaberry street, in the Quebec Suburbs, to my house; she was then in good condition,—indeed she was fat. About six weeks ago, her father called upon me, and requested that I would see her again. I then heard that she had been ill a week, with her old complaint. She had much fever, was exceedingly weak, coughed considerably, and expectorated a white mucus. On examining the chest, I discovered a slight puffiness a little below the left clavicle. Percussion yielded a dull sound over a great part of the left half of the thorax, and the metallic tinkling was distinct, accompanying cough and speech. The part below was not affected; she felt no pain or other peculiar sensation in the part. I prescribed a blister to the chest, and calomel and opium internally. At my next visit, I found that the puffiness had disappeared, but in other respects she was worse. The dull sound on percussion extended over the whole of the affected side;

the metallic tinkling had disappeared. She fluctuated for a week, at the end of which time she died. During the last day or two before death, she had slight intervals of delirium; she had also a great deal of vomiting of a dark brown watery matter, and little or nothing could be retained on her stomach; she also passed, at intervals, large quantities of the same matter by the bowels: this was, however, darker coloured, and yielded a sediment resembling coagulated blood. During the whole of her illness, she had little or no dyspnœa; the pulse was uniformly small, although it varied in rapidity.

On post mortem examination, the body was found much emaciated; the curvature of the spine was distinct, but not so great as it had appeared during life. On removing the integuments from the costal cartilages, pus unexpectedly escaped, and an opening through the intercostal muscles, pleuræ, &c., into the chest was discovered; continuing to remove the integuments, pus again gushed out from a similar opening lower down. On removing the sternum and cartilages, upwards of three pint basinsful of pus were evacuated. This had completely filled the left cavity of the pleura, and had compressed all the air out of the left lung, which was found pressed almost as thin as a membrane, against the vertebræ and pericardium. The pleura was generally found thickened; its surface rough; in fact, ulcerated and covered with pus considerably thicker than that which ran out. After the removal of the pus, the cavity of the chest was found to communicate with an abscess extending along the left crus of the diaphragm and psoas muscle down to the crest of the ilium. The communication was established by means of an opening through the diaphragm, nearly the size of a dollar. The roots of the lumbar nerves were beautifully dissected. The right lung was perfectly healthy. On raising the left lobe of the liver, an adhesion between it and the duodenum was ruptured, and an ulceration of the latter exposed, through which the contents of the bowel escaped; an oval ulceration of the corresponding surface of the liver, which just fitted the pulp of the finger, was discovered. A similar adhesion had taken place between the duodenum and pancreas, but of much greater extent, the perforation of the intestines being at least two inches in diameter. The intestines were generally very much contracted, but seemed otherwise healthy. The liver was double its normal size, and rather friable. The pericardium was found adherent to the heart, throughout its whole extent.

Dr. Fisher exhibited morbid preparations of this interesting case.

AN ACCOUNT OF A CASE IN WHICH A FOREIGN BODY WAS LODGED IN THE RIGHT BRONCHUS.

By Sir Benjamin C. Brodie, Bart., F. R. S., Sergeant-Surgeon to the Queen, etc., etc.

READ JUNE 27TH, 1843.

I am induced to communicate the following history to the Royal Medical and Chirurgical Society, believing that it embraces some points of considerable practical importance, which may be deemed not unworthy of their attention.

On the 3rd of April 1843, Mr. B. being engaged immediately after dinner in amusing some children, placed a half-sovereign in his mouth. By some accident it slipped behind the tongue, and a violent fit of coughing, in which he had the appearance of being nearly choked, was the consequence. This was immediately followed by vomiting, the contents of the stomach being ejected with considerable force. He strained two or three times afterwards, but did not again vomit. In the course of the evening he coughed at intervals: but the cough was not violent. A sense of soreness and stiffness of the throat remained for the first twenty-four hours. He experienced little or no inconvenience during the two following days. He was not observed to cough, and he employed himself as usual, being able to entertain some friends at dinner.

On the 6th of April, he was again troubled with a cough. On the 7th he went on a journey into the country, and was more or less exposed to a cold north-east wind for two days and nights. The cough now became aggravated. He expectorated some mucus slightly tinged with blood, and small portions of a substance answering to the description of a thin membrane. He experienced, also, a pain in the right side of the chest, referred to a spot corresponding to the situation of the lower portion of the right bronchus.

On the evening of the 9th of April, he took two aperient pills, one of which was ejected by vomiting some time afterwards. In the act of vomiting, he experienced a sensation as if a loose substance had shifted its place in the chest; and for some time afterwards the cough was much relieved, and the pain in the chest entirely ceased.

On the 11th of April, the cough was again troublesome. There was little or no expectoration. At this time the chest was repeatedly examined, with the stethoscope by Dr. Seth Thomson, but no unusual sounds were detected in any part of it.

On Monday the 17th of April, Mr. B. again went into the country, exposed to a cold easterly wind. On his return to London, the cough was again much aggravated.

On the 18th of April, by the advice of Dr. Seth Thompson, he consulted Dr. Chambers, and afterwards myself. From the detail of the symptoms, we were all of us led to believe that the half-sovereign had passed into the trachea, and that it remained lodged in the right bronchus.

On the 19th, this opinion seemed to be confirmed by a very simple experiment, which Mr. B. had himself made in the interval. He had placed himself in the prone position, with his sternum resting on a chair, and his head and neck inclined downwards, and, having done so, immediately had a distinct perception of a loose body slipping forward along the trachea. A violent convulsive cough ensued. On resuming the erect posture, he again had the sensation of a loose body moving in the trachea, but in the opposite direction, that is, towards the chest.

On the 20th, I saw the patient again, with Dr. Thompson. I now suggested that a further consultation should be held on the case; and, accordingly, on the following day there was a meeting of Dr. Chambers, Dr. Seth Thompson, Mr. Stanley, Mr. Aston Key, and myself. The chest was again carefully examined by means of the stethoscope, but no difference in the state of the respiration could be detected. The other indications of the existence of a foreign body in the air passages, however, seemed to be so strong, that no one entertained any doubt on the subject. At this meeting it was agreed that the experiment, which Mr. B. had himself made, should be repeated in a more complete manner. Accordingly, on the 25th of April, he was placed in the prone position, on a platform made to be moveable on a hinge in the centre, so that on one end of it being elevated, the other was equally depressed. The shoulders and body having been fixed by means of a broad strap, the head was lowered until the platform was brought to an angle of about 80 degrees with the horizon. At first no cough ensued; but on the back, opposite the right bronchus, having been struck with the hand, Mr. B. began to cough violently. The half-sovereign, however, did not make its appearance. This process was twice repeated, with no better result; and, on the last occasion, the cough was so distressing, and the appearance of choking was so alarming, that it became evident that it would be imprudent to proceed further with this experiment, unless some precaution were used to render it more safe.

On the 27th of April, in a consultation of Dr. Seth Thompson, Mr. Aston Key, and myself, it was agreed that an artificial opening should be made in the trachea, between the thyroid gland and the sternum. In proposing this, we had a two-fold object; the one, that if the coin were lodged in any part from which it might be safely extracted by the forceps, this method might be had recourse to; and the other, that, if relief

could be obtained in this manner, the artificial opening might answer the purpose of a safety-valve, and enable us to repeat the experiment of inverting the body on the moveable platform, without the risk of causing suffocation. The operation was immediately performed by myself, with the assistance of Mr. Aston Key and Mr. Charles Hawkins; and on it being completed, some attempts were made, both by Mr. Key and by myself, to reach the coin with the forceps introduced through the opening. The contact of the instrument with the internal surface of the trachea, however, induced on any occasion the most violent convulsive coughing. The coin was not seized, nor even felt; and our apprehensions of producing some serious mischief were such that we did not deem it prudent, at that time, to persevere in our endeavours to remove it.

On the 2nd of May, we again made some trials with the forceps, but always with the same result. A violent convulsive action of the diaphragm and abdominal muscles ensued, on each introduction of the instrument; and the danger of groping in the bronchus, under such circumstances, surrounded as it is by the most remarkable assemblage of vital organs in the whole body, appeared to us to be so great, that we did not think ourselves justified in proceeding further. We were the more inclined to abandon the experiment with the forceps, as we had a strong expectation that a recurrence to the first experiment, now that the safety-valve was established, would prove successful.

On the 3rd of May, a consultation was held with Mr. Lawrence and Mr. Stanley. They entirely concurred in the views of Mr. Aston Key and myself, and it was agreed that nothing more should be attempted until Mr. B. had sufficiently recovered from the effects of what had been already done to admit of his being again inverted on the moveable platform.

A probe, or director, was occasionally introduced into the wound of the trachea, with a view to keep it in an open state; and, on the 13th of May, the patient having been placed on the platform, and brought into the same position as formerly, the back was struck with the hand; two or three efforts to cough followed, and presently he felt the coin quit the bronchus, striking almost immediately afterwards against the incisor teeth of the upper jaw, and then dropping out of the mouth; a small quantity of blood, drawn into the trachea from the granulations of the external wound, being ejected at the same time. No spasm took place in the muscles of the glottis, nor was there any of that inconvenience and distress which had caused no small degree of alarm on the former occasion.

It is unnecessary to describe the progress of the case afterwards. On the 20th of May, Mr. B. had sufficiently recovered to be able to go

for change of air into the country, and when I saw him, about a fortnight afterwards, the wound of the neck was nearly healed.—*Medico-Chirurgical Transactions, vol. xxvi.*

ON THE EMPLOYMENT OF COCHINEAL IN THE TREATMENT OF HOOPING COUGH.

Dr. Cajetan Wachtl, of Vienna, treated nine children, suffering from hooping-cough, with cochineal, as recommended by certain English physicians. The remedy was administered in all stages of the disease; and its efficacy was so instantaneous and constant that, notwithstanding the paucity of cases, Dr. Wachtl feels authorized to regard cochineal as a specific in hooping-cough. The following is his manner of exhibiting the remedy:—Take of cochineal, one scruple; sugar, one ounce.—Dissolve in six ounces of warm water. The dose is three teaspoons-full in the twenty-four hours.

The solution ought not to be kept longer than thirty-six or forty-eight hours, because after that time it assumes a brown hue, and a sour taste, which renders it unfit for use.—*Pharmaceutical Journal.—London Medical Gazette, January* 26, 1844.

OPIUM IN HERNIA.

To the Editor of the Medical Gazette.

Sir,—The following is a case showing the good effects of opium in strangulated hernia.

I was sent for, at 10 P M. on the 24th inst. to visit R. H. aged 45, a stout, muscular man, suffering under strangulated scrotal hernia in the right side. He had been trying for an hour to reduce it, having done so frequently before, but now he informed me it was a great deal larger. He was vomiting, and complained on the least pressure. In consequence of the extreme tenderness, I did not persevere in the taxis, but decided on putting him under the influence of opium. I gave him two grains every fifteen minutes, until he had taken six grains, and to use hot fomentations. Shortly after the first pill the vomiting ceased; and when I visited him again at half-past 12 P.M. I found them preparing to come and stop my visit, as he had got relief. I found him, as he said, exceedingly comfortable: it was quite evident he was enjoying all the luxury of an opium eater. Upon inquiry, he told me he had not touched the swelling, but that it had gone away of its own accord.

I am, Sir,

Your obedient servant,

J. M. Walker, M. R. C. S. L,

Newcastle-on-tyne, January 1, 1844.

London Medical Gazette, January 12, 1844.

ANTIQUARIAN NOTICES OF LEPROSY AND LEPER HOSPITALS IN SCOTLAND AND ENGLAND.

This is an extremely elaborate and erudite paper, to show the former frequency and severity of this loathsome disease in these kingdoms. According to the Anglo-Saxon lexicographies of Sommer, Lye, and Bosworth, "leprosy" was heretofore known by the singular and striking term, "seo mycle adl," "the muckle or great evil" or disease. In the year 1200, there were in the counties of Northumberland, Cumberland, and Durham, a variety of hospitals, exclusively devoted to lepers. Three of these contained so many as ninety-five lepers; namely, those of Sherburne, near Durham, of Carlisle, and Bolton in Northumberland. Bloomfield, in his history of Norfolk, states that there were eighteen lazar-houses in Norfolk alone. In some of these the patients were amply provided for.

Astruc, Bach, and our own historians, Fuller and Heron, supposed that leprosy was introduced by those who returned from the Crusades, and brought it from the east. But the author of the present paper remarks that, even allowing that the disease is contagious, and that the increased national intercourse of that period may have tended to propagate it, there is ample evidence of its having existed in Europe, and even as far west as England, before the Crusades. It lingered long in Scotland after it had disappeared in England, and long in the northern islands of the former kingdom, as in Shetland, after it had left the mainland. In the Faroe islands (the land nearest the Shetland, northward), and in Iceland, it either still exists or existed at a very late period. In 1768, Peterson found 280 lepers in hospitals in Iceland. Olafsen and Henderson described the disease as existing when they visited the island in 1818. And the French expedition of 1836 brought back coloured sketches of natives affected with tubercular leprosy, which sketches are now in course of publication.—*Dr. Simpson, Prof. of Midwifery in University of Edinburgh—Edinburgh Med. and Surg. Journal, Oct.* 1, 1841.

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THE

MONTREAL MEDICAL GAZETTE,

BEING A

MONTHLY JOURNAL OF MEDICINE,

AND

THE COLLATERAL SCIENCES.

Edited by Francis Badgley, M. D., and William Sutherland, M. D.

VOL. I. MONTREAL, JULY 1, 1844. No. 4.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

GENTLEMEN,—I am again desirous of transferring to the columns of your journal, a further portion of Major Tullock's valuable statistics; although my present subject may not be so interesting to the Medical Profession in Canada generally, as my former communication, which had for its object a comparison of the salubrity of our climate with respect to that of others, most of which have heretofore (without sufficient grounds) been deemed more healthful. I have no doubt, however, that the scientific part of your readers will find much to interest them in the following extracts, which I have gleaned, and condensed for their perusal. The limits to which I must necessarily restrict myself, in order to suit this communication to the pages of the *Medical Gazette*, while the still more cogent necessity exists, of rendering it as intelligible as in my power, obliges me to use the greatest brevity of language; I shall therefore, without further explanation, commit to your hands the following abrégé:

The Windward and Leeward "command," comprises that portion of the South American continent, termed British Guiana, with the islands of Trinidad, Tobago, Grenada, St. Vincents, Barbadoes, St. Lucia, Dominica, Antigua, Montserrat, and St. Kit's, with Nevis and Tortola. These Islands extend from 6 to 17 deg. N. lat. and from 56 to 63 deg. W. long. The Islands of Trinidad, Tobago, St. Lucia and Dominica, are extremely mountainous, and covered with dense forests, being intersected with deep and narrow ravines, impervious to the breeze, and, in which, the rain water, finding no vent, stagnates among a mass of vegetation, creat-

ing a moist soil, with a damp climate, and variable temperature. Antigua and Barbadoes are comparatively low, barren and rocky, with a scanty soil, and but little exuberant vegetation, a dry climate and equable temperature. The other Islands possess a kind of intermediate character in these respects, while the coast of British Guiana is an immense level tract, covered with forest, being elevated only a few feet above the level of the sea; and during the rainy season, is an endless succession of swamps and marshes, with an extremely humid atmosphere, although not so variable in temperature, as some of the Islands referred to. In consequence of the proximity of these regions to the equator, the climate is necessarily characterized by a high and an equal temperature, throughout the whole year; which in the greatest extreme does not vary more than a few degrees. Another great peculiarity of climate is the large quantity of rain that falls at two distinct and established seasons of the year, being on an average three times as much as in Great Britain; and which, pouring down in torrents, soon deluges the country, unless where it falls on a very dry and absorbent soil; or where there is a free drainage. The period of the rainy season varies according to the proximity of the settlement to the equator. In Guiana, (the most southerly,) the spring rains generally continue from December to January, the autumnal from May to August, while in the most northerly of these settlements, the former does not commence till April or May, and the latter extends from October to December. In most of the Islands there is scarcely any deposit of dew. The extreme heat is much modified by an uniform and steady breeze, which blows for about nine months of the year, daily from the sea, and in the larger and mountainous Islands it blows with almost equal regularity during the night, from land towards the sea: these winds are therefore termed the "land and sea breezes;" during September, October and November, the winds, which are uncertain, and frequently interrupted by calms, blow from an opposite quarter to the former noticed "Trade winds." During this period hurricanes are frequent, from whence it is termed the "hurricane season." During the rainy season thunder storms are of frequent occurrence.

An inspection of the following table will shew the thermometrical range in the several stations:

TABLE—Shewing the mean monthly range of the Thermometer on he average of five years, at the respective stations.

		BRITISH GUIANA.																					
		DEMERERA.			BERBICE.			TOBAGO.			TRINIDAD.			GRENADA.			ST. VINCENT.			BARBADOES.			DOMINICA.			ST. KITTS.		
January.....	*Maximum.*	94½	90	76	82½	78½	75	81½	77½	73	85½	79½	71	85	80	75	82½	79	74½	83	78	73½	83½	76	69½	84	79	75½
February.....	*Medium.*	90	79	75	83	79½	76	81½	78	73½	86	79	71	85	80	75	82½	79	74½	84	79½	73	84	77½	72	84	79	74½
March.....	*Minim.*	83½	79½	76	82½	78½	75	83½	79	74½	87	79	70	86	80	74½	82	78½	75	85½	79½	74	84	77½	72	84	79	74
April.....	*Maximum.*	83½	80	76	84	79½	75½	82½	79½	76	88	80	71½	86½	81	76½	84	80	75½	88	82	75	86	79	72½	85	80	74½
May.....	*Medium.*	84½	80½	76	84	80	76½	83	79	75½	87½	80	73	88½	83	78	84	80	75½	88	83	76	87	80	75	84½	80	75½
June.....	*Minim.*	81	76½	76	85½	80½	76	83	79½	75½	87	81	75	88	83	78	83	80	77	88	83	76½	87½	81	75½	85	82	77½
July.....	*Maximum.*	85	80½	75	84½	80	76	82½	80	76	84½	79½	74	88	83	79	83½	80	76½	88	82½	76	88	82	76	87	81	75
August.....	*Medium.*	86	81½	76	85½	81	76½	84	81	76	84½	79½	74	88	83	79	84	81	77½	88½	83½	76	88	81	74½	86	82	77
September.....	*Minim.*	87	82	77	86½	81½	76½	83	80½	76½	85	79	73	89½	84	79½	85	83	78½	89½	83½	76½	87½	81	75	88	84	79
October.....	*Maximum.*	87	82	78	86	82	78	83½	80½	76½	84½	79	73	88	83½	79½	85½	83	78½	89½	83½	76½	87½	81	75½	87½	83½	78½
November.....	*Medium.*	85½	81	76½	85½	81	76½	83½	80	76	84	78½	72½	87	83	79	85	81	77½	87½	81½	76½	86	79½	74	87	83	78
December.....	*Minim.*	84	80	76	84½	79½	75½	81	77	73	83	77	72½	86	81	76	83½	80	76½	86	79½	73½	84	77	71	85	81	76½
Mean.....		85	80½	76	84½	80	76	83½	79	75	85½	79	72½	87	82	77	83½	80	76½	87	81	75	86	79	73	85½	81	76½

The mortality in the West India command appears to be about six times higher than in the United Kingdom, though the extent of sickness, shown by the admissions into hospital, has only been twice as great. Previous to the year 1814 the average mortality amounted to 138 per 1000; since that period the salubrity has much improved, particularly in Barbadoes, Trinidad and Antigua.

The following table exhibits the several diseases by which the mortality was produced :

TABLE

Shewing the principal diseases among the white Troops in the several undermentioned stations, with the mortality.

	The whole of the Windward and Leeward command—Aggregate strength for the whole period, 86,661; average annual strength, 4,333.				Brit. Guiana. Aggregate strength, 17,689; average annual strength, 884.		Trinidad. Aggregate strength, 6,197; average annual strength, 316.		Tobago. Aggregate strength, 3,402; average annual strength, 170.		Grenada. Aggregate strength, 6,267; average annual strength, 313.		St. Vincent. Aggregate strength, 7,432; average annual strength, 372.		Barbadoes. Aggregate strength, 23,936; average annual strength 1197.		St. Lucia. Aggregate strength, 4,814; average annual strength, 241.		Dominica. Aggregate strength, 4,723; average annual strength, 236.		Antigua and Montserrat Aggregate strength, 8,062; average annual strength, 403.		St. Kitts, Nevis & Tortola Aggregate strength, 5,800; average annual strength, 290.	
	Total admissions among the whole force for 20 years.	Annual ratio per thousand of mean strength	Total deaths among the whole force for 20 years.	Annual ratio per thousand of mean strength	Total deaths for 20 years.	Ratio of deaths annually ▼ 1000	Total deaths for 20 years.	Ratio of deaths annually ▼ 1000	Total deaths for 20 years.	Ratio of deaths annually ▼ 1000	Total deaths for 20 years.	Ratio of deaths annually ▼ 1000	Total deaths for 20 years.	Ratio of deaths annually ▼ 1000	Total deaths for 20 years.	Ratio of deaths annually ▼ 1000	Total deaths for 20 years.	Ratio of deaths annually ▼ 1000	Total deaths for 20 years.	Ratio of deaths annually ▼ 1000	Total deaths for 20 years.	Ratio of deaths annually ▼ 1000	Total deaths for 20 years.	Ratio of deaths annually ▼ 1000
All kinds of fevers,	62163	717	3195	36.9	1047	59.2	382	61.6	354	104.1	165	26.3	83	11.2	282	11.8	304	63.1	233	49.3	120	14.9	244	42.1
Eruptive diseases,	13	0.2	1	"	"	"	"	"	"	"	"	"	2	0.3	"	"	"	"	"	"	"	"	"	"
Dis. of the lungs,	9975	115	906	10.4	112	6.4	71	11.5	37	11.0	41	6.6	78	10.5	379	15.8	60	12.5	39	8.3	73	9.0	55	9.5
Do. of the liver, ...	1946	22	161	1.8	19	1.0	7	1.1	7	2.0	28	4.5	12	1.6	34	1.4	5	1.0	8	1.7	23	2.8	13	2.2
Do. of the stomach and bowels	36474	421	1795	20.7	157	8.9	111	17.9	82	24.0	101	16.1	120	24.2	498	20.8	189	39.3	332	70.3	74	9.2	60	10.3
Do. of the brain,...	2447	28	312	3.7	77	4.4	29	4.7	17	5.0	29	4.6	21	2.8	80	3.3	21	4.3	25	5.3	15	1.9	16	2.8
Dropsies, ...	659	7.8	180	2.1	22	1.2	48	7.7	12	335	5	0.8	12	1.6	58	2.4	9	2.0	3	0.7	11	1.4	5	0.9
Rheumatism, ...	4202	49	17																					
Venereal, ...	3043	35	6																					
Abscesses & Ulcers	17708	204	18																					
Wounds & injuries	11149	129	60	2.9	51	2.9	11	1.8	11	3.2	18	2.9	20	2.7	70	3.0	3	0.6	9	1.8	11	1.4	19	3.2
Diseases of the eyes	7686	80	4																					
Do. of the skin	559	6	1																					
All other diseases,	6911	88	147																					
Total, ...	164935	1903	6803	78.5	1485	84 0	659	106.3	520	152.8	387	61,8	408	54.9	1401	58.5	591	122.8	649	137.4	327	40.6	412	71.0
Annual average of deaths, ...	...	...	340	...	74	...	33	...	26	...	19	...	20	...	70	...	30	...	32	...	16	...	21	...

From which it will appear that the principal cause of sickness and death was by fever, under which head the several forms exhibited in the following Return are included:

TABLE—Shewing the several varieties of Fever included in the foregoing return under the general term Fevers, together with the several admissions and deaths in the Windward and Leeward Command, for 20 years.

	Admitted.	Died.	Proportion of deaths to admissions.
Quotidian Intermittent,	24607	149	1 in 165
Tertian ditto,	1973	11	1 in 179
Quartan ditto,	133	1	1 in 133
Remittent,	17799	1966	1 in 9
Common Continued,	16831	726	1 in 23
Yellow,	774	331	1 in 2½
Typhus,	48	11	1 in 4½
Synochus,	8	"	0 in 8
Total,	62163	3195	1 in 20
Annual rates per 1000 mean strength,	717	36 9-20	

The cases of intermittent fever principally occurred in Demerara and Berbice, where the numbers attacked annually, often equal the whole force of the colony. This class of disease is also common in Trinidad, owing to the vicinity of the marshes. In the other stations it is extremely rare. The fevers denominated "Icterodes" appear to have been an extremely fatal fever, of the remittent kind; one half of the cases ending fatally; for some years fevers of the malignant type have been principally confined to Tobago, St. Lucia, Dominica and Guiana.

The proportion of deaths to admission of common continued fever is 1 in 23, while in the United Kingdom it is but 1 in 78.

The proportion of admissions from diseases of the lungs, is lower than in Great Britain, while the ratio of mortality is much higher; nearly 10½ per 1000 of the strength being cut off annually, whereas in Britain the proportion is about 8½ per 1000. This great mortality principally arises from phthisis pulmonalis, the attacks from which amount to about 12 per thousand, of the strength. In the same manner inflammation of the lungs, and chronic catarrh, are nearly twice as fatal as in Britain.

Diseases of the liver are by no means as common in this command as in the tropical regions of the eastern hemisphere; they are however nearly thrice as prevalent as among the troops in the United Kingdom, and occasion about five times as high a rate of mortality. The rate of prevalence and severity varies at the different stations; at Gre-

nada the mortality is about three times higher than at most of the other Islands, without any assignable cause.

Diseases of the stomach and bowels are a most fertile source of sickness and mortality amongst the "white troops," the proportion attacked annually amounting to 421 per 1000, whereas in Great Britain it is only about 95 per 1000 of the strength, and is seldom attended by a higher mortality than 1 in 2000 of the strength, while in this command the mortality amounts to 21 per 1000, being upwards of forty times a higher rate than among the troops at "Home," the principal cause being chronic dysentery and diarrhœa.

Diseases of the brain are a very prevalent and fatal class, more than one half of the admissions and fatal cases arising from delirium tremens, the direct consequence of intemperance.

TABLE—Shewing the influence of the seasons on sickness and mortality among the Troops in the several stations, for a period of 19 years.

	BRITISH GUIANA, INCLUDING DEMERARA AND BERBICE.		GRENADA.		ST. VINCENTS.		BARBADOES.		ST. LUCIA.		DOMINICA.		ANTIGUA AND MONTSERRAT.		ST. KITTS, NEVIS, AND TORTOLA.	
	Total admissions for the several mths.	Total deaths.	Total admissions for the several mths.	Total deaths.	Total admissions for the several mths.	Total deaths.	Total admissions for the several mths.	Total deaths.	Total admissions for the several mths.	Total deaths.	Total admissions for the several mths.	Total deaths.	Total admissions for the several mths.	Total deaths.	Total admissions for the several mths.	Total deaths.
19 January,	2899	97	735	25	819	32	3366	124	1202	75	644	38	1009	56	861	52
19 February,	2936	86	760	22	893	24	3385	115	1209	77	533	28	1009	46	709	22
19 March,	2743	81	773	22	877	41	3410	116	1168	61	624	41	925	36	646	26
19 April,	2601	73	819	14	908	31	3895	91	1245	66	682	34	944	35	765	20
19 May,	2758	59	817	20	1020	29	4389	141	1402	91	606	22	941	26	868	30
19 June,	3174	103	789	23	1027	38	4202	139	1295	66	809	29	954	23	844	42
19 July,	4248	180	790	19	971	29	4177	133	1382	62	926	39	999	26	796	30
19 August,	4720	177	769	27	807	33	4041	131	1337	59	773	69	945	25	809	28
19 September,	4536	155	860	52	716	37	3599	132	1259	55	782	51	958	30	848	30
19 October,	4006	113	718	37	673	25	3492	160	1078	68	733	75	985	40	799	55
19 November,	3387	76	747	32	661	23	3298	178	1185	56	716	91	941	46	809	56
19 December,	3066	67	739	20	677	16	3127	129	1174	84	598	45	845	35	764	44
Total,	41094	1267	9386	313	10049	358	44381	1589	11936	820	8436	562	11455	426	9479	435

of the interior of which is uncultivated and marshy, and very unhealthy. The quantity of rain which falls is not so great as in Guiana; an epidemic fever occurred here in 1818, which cut off one third of the population; it broke out during the dry season, and was not in any way interrupted or interfered with by the rainy season which followed; neither did the seasons appear to have any influence on the several other epidemics which have at different times prevailed at this Island. The "healthy and unhealthy seasons" are by no means so distinctly marked here as in Guiana. Dropsy proved very fatal in 1817 and 1818.

Tobago, in lat. 11 deg. 16 min. N. long 60 deg. 30 min. W., lies close to Trinidad, its western extremity being distant only 8 miles; it is 32 miles long, by 12 broad, and is extremely rugged and mountainous towards the north, and also in the eastern district; cultivation is confined to a small portion of the low lands on the south side of the island; the greater part of the interior is in a state of nature, the high ground being covered with forests, the deep ravines choked with vegetation, and the narrow valleys generally of a marshy character; the climate and seasons are much like Trinidad. It has generally proved very unhealthy to the white troops (notwithstanding that the barracks are situated on an elevated situation; and on some occasions they have suffered from extraordinary visitations of mortality. The great cause being fever of so malignant a type, as to leave those attacked scarcely a prospect of recovery: more than thrice as large a proportion dies from diseases of this class, as throughout the average of the whole of the other stations. In the command in 1820, out of a detachment of 146, only 8 escaped the yellow fever, and 100 died. On another occasion out of 63 white inhabitants only 2 recovered. During the year 1836 upwards of a fourth of the whole force of white troops was carried off by bowel affections, diseases which never before occasioned a similar mortality there. The mortality by fever and dropsies is about double the usual ratio, while diseases of the lungs are rare, and seldom fatal. Formerly this island enjoyed a character for salubrity, and invalids were in consequence sent to it from Trinidad, for the recovery of their health: latterly, however, its character is quite the reverse.

Grenada, in lat. 11 deg. 58 min. to 12 deg. 20 min. N., long 61 deg. 20 min. to 61 deg. 35 min. W., is 25 miles long by 12 miles broad; it lies 60 miles to the north of Tobago, an irregular lofty range of mountains rising to the height of more than 3,000 feet, runs throughout its whole length; others of a lesser height stretch off laterally, forming between them a succession of rich and extensive valleys, which terminate near the coast, in level alluvial plains. There is a considerable extent of swampy ground, in the neighbourhood of which severe

generally scanty, light and absorbent, soon dry after the harvest rains, and is generally under cultivation. There is only one marshy spot of any extent, which is about three miles to the windward of the garrison, and which is generally overflowed by the tide, and does not appear to exercise any prejudicial influence on the health of the troops; the barracks are on an elevation in the vicinity of Bridgtown, and well situated; the climate is like that of St. Vincent's, except that the quantity of rain is less, and there is very little dew, or humidity in the atmosphere, and owing to the flat and open nature of the country, the influence of the sea breezes is felt throughout the whole island; and although the thermometer does not indicate a low grade of temperature, the heat is not so much felt, as in the other islands. The principal causes of mortality are diseases of the lungs and bowels. The deaths from the former are considerably above the average of what prevails in the other islands; but this may in some way be accounted for, by invalids being sent here from the other stations, previously to their embarkation from England; many of whom die here, and thereby increase the apparent mortality. The low rate of mortality from fever is a striking feature in the diseases of the white troops in this island, which since 1822 appears to be not even as high as in the Mediterranean; occasionally, however, the fever is of a most malignant type, and on two of these occasions the weather was at the time cool and pleasant, and with but little rain; no atmospherical changes seemed to produce the slightest influence on the disease.

St. Lucia, in lat. 13 deg. 50. min. N. long. 60 deg. 58 min. W., extends nearly 32 miles in length and 12 in breadth, and lies about 40 miles north of St. Vincent. The island is divided naturally into two districts, Basseterre, and Capisterre. The former is low, and in some degree under cultivation, abounding in swamps and marshes; the latter consists of a succession of abrupt picturesque mountains, which are covered to the summits with forest trees, and dense underwood, and intersected by numerous narrow ravines, choked up with decaying vegetation in every degree of decomposition, replete with moisture, and without ventilization. The climate is characterized by its extreme moisture and variableness, rain being often incessant for several months, and generally prevailing for three fourths of the year. In some years, however, the fall is scanty. For about three months from Christmas, the weather is cool and pleasant; during the hot season, the thermometer frequently indicates a variation of 10 or 12 degrees in the course of a few hours. The spire-like mountains, wooded to the top, attract any moisture floating in the atmosphere, and are generally enveloped in clouds, which on any change of temperature or wind, descend in torrents of rain. The water accumulates in the ravines and

low grounds, and being shaded from the sun, by the dense mass of vegetation, gives rise to thick mists and exhalations, causing damp and chilliness during the night. The troops are stationed on a summit of a very steep hill, called Morne Fortuné, about 850 feet above the level of the sea; and about a mile and a half from the town of Castries; in the neighbourhood of which there are numerous swamps, and which is also surrounded by densely wooded mountains, a part of the troops are stationed at Pigeon Island, a few miles distant from the harbour of St. Lucia; this island is only half a mile long by one quarter broad, is of a conical shape, which is covered with trees and shrubs, it has generally been used as a convalescent post, but on several occasions it has been very unhealthy, nearly half the small detachment, being cut off by dysentery, and during these occasions the sickness appeared to be confined to this island. St. Lucia has always been noted for its extreme insalubrity, particularly arising from fevers, and diseases of the bowels, the average mortality from these diseases being double the average of the whole Windward and Leeward command. The greatest extent of sickness occurs in April and September, but the principal mortality in December, January and February, during which period cool dry weather generally prevails. The months from August to November have been less fatal to the troops; though at several of the other stations they have exhibited quite the reverse character.

Dominica, lat. 15 deg. 25 min. N.; long. 61 deg. 15 min. W. is about 29 miles in length and 16 in breadth, and lies about 100 miles North of St. Lucia, which it much resembles in physical aspect, the interior being composed of a bold range of rugged mountains, rising to the height of more than 5,000 feet, and intersected by deep ravines and valleys, the whole clothed with a dense vegetation of forest trees and shrubs, except in a few spots, which are under cultivation. It is apparently of volcanic origin, and is watered by a number of large rivers and smaller streams.

The climate differs little from that of St. Lucia, except that the rainy season is later, the variations in temperature, in like manner are sudden and great, although the mean does not exceed that of the other islands; the minimum, however, is considerably below any of them.

The troops are stationed on a table rock 450 feet above the sea, called Morne Bruce, which overlooks the town of Roseau; at its foot there is a swamp; for some time troops were stationed at Prince Rupert's Bay, 25 miles from Roseau, which proved so unhealthy that it was abandoned, although of great consequence as a strong military post; almost every white soldier stationed there died. The proportion of deaths by diseases of the bowels is very great, being more than by

all the other diseases put together; and this is constantly the case, although there is no appreciable peculiarity to account for it. The mortality by fever too is above the average of the other islands, but this is chiefly owing to two fatal epidemics, at which times the meteorological phenomena evinced nothing remarkable or unusual which could in any way explain the severity of the attacks. One of these epidemics commenced in June, the other in September.

There is nothing particularly remarkable in the topographical characters of the other islands, nor so peculiar in the diseases, as to induce me to trespass further on your pages.

From an inspection of the table it appears, that different islands are remarkable for a liability to certain diseases, as Tobago for fever, Dominica for diseases of the bowels and of the brain, Barbadoes for those of the lungs, while Trinidad is noted for dropsies. I must now conclude this communication, having already exceeded the limits I purposed confining it to.

I am,

Gentlemen,

Your obedient Servant,

JAMES CRAWFORD, M. D.

St. James Place, June 15, 1844.

DR. C. CARTER, ON LUMBAR ABSCESS.

Continued from Page 73.

Under the denomination of cellular membrane are comprised two distinct tissues—cellular membrane, properly so called, and the contained animal oil, fatty, adipose, tissue. It is freely supplied with absorbent and exhalent vessels, as well as blood vessels, but with few nerves. In consequence of this no pain is felt when it is torn or cut: it becomes, however, sensitive when attacked by inflammation, and the pain is more or less acute in proportion to the activity of the inflammation and its situation; if bounded by unyielding structure, it is exceedingly severe (as evidenced in common whitlow) and often attended by constitutional disturbance; but on the contrary, if occurring in cavities among loose cellular membrane, and bounded by soft and muscular parts, the pain and disturbance are so slight, as frequently to occasion but little inconvenience; hence the importance of a thorough investigation into all symptoms which have any obscurity attending them, and hence also, the grave mistakes, which unfortunately, have been too frequently committed by more than one medical man (and even by such a man as Dr. Elliotson) in attributing symptoms, which did not at first admit a ready explanation, to the vague and uncertain causes of cold, neuralgia or

rheumatism. These observations forcibly apply to those engorgements and abscesses, arising in the right iliac fossa, which for a long time were imperfectly understood, and frequently attributed to a different cause from what is now proved to be their real origin. In fatal cases of this disease, it has generally been discovered, on *post mortem* examinations, that ulceration or disease of the vertebrae existed, and instead of this phenomenon being looked upon as the consequence it has too often been mistaken for the cause of the disease. It were better for suffering humanity that sounder pathological views were entertained by the Profession.

Under some circumstances, these abscesses arise from caries of the spine itself, and the source of the disease may not unfrequently be at a distance from the focus of the purulent collection; these cases are comparatively rare; the symptoms which characterise them are also different, the constutional disturbance much greater, and though they do not necessarily prove fatal, they are certainly more dangerous, and perhaps generally unfortunate. Notwithstanding that disease of the spine occasionally gives rise to abscess, it is frequently unaccompanied by this complication, and Sir Benjamin Brodie, in treating of this subject, says: "It is astonishing "to what extent ulceration of the bodies of the vertebrae will go without "abscesses being formed. I knew one case in which the vertebrae wer e "nearly dislocated from disease of the bones, and yet no abscess formed. "I knew another patient whose neck was absolutely twisted, and he "recovered with the twisted neck, and yet there was no abscess."

The most favourable, and, under proper treatment, the most frequent termination, of these abscesses, is resolution. It will be the aim, therefore, of every scientific practitioner, to bring about this happy result, which in almost every instance will be attained, if the disease be detected before it is too late. Dupuytren, our great authority on this subject, says: "The progress and termination of these tumours "are not always uniform. The most favourable and most common is "resolution. Of 16 cases M. Meinière found 11 to end in this manner "under suitable treatment." Again: "The prognosis is not in gen- "eral bad, since in sixteen cases, there was only one death. Obvious "symptoms indicate a speedy cure. When on the contrary the acci- "dents persist, when the tumour increases despite of the means employ- "ed, when it becomes the seat of fluctuation, first obscure, then more "apparent, and of pulsations with excruciating pain, in this case we "must expect to see the pus rejected by the anus. Here again the "prognosis is not unfavourable, since experience has shown the cure to "be no less perfect here than in resolution simply."

The first enquiry must be directed to discover the original cause of

the disease ; if owing, as in Miss D.'s case, to an accumulation in the cœcum, the obvious treatment must be at once adopted; indeed it will scarcely be possible to pronounce positively that abscess does exist *until* after this accumulation is got rid of, for the tumefaction, swelling, and some of the other symptoms, may be owing to this cause. However, it is not always an easy matter to relieve the bowels of their long imprisoned contents ; powerful purgatives will often fail in doing so, and the medical man, in these circumstances, must not content himself with being told that the medicine operated "very copiously" or "very well;" he should see the evacuations, and if they contain no scybala, he may rest assured the bowels are still unrelieved.

In consequence of the peculiar structure of the large intestines, so calculated to retain within the folds of their mucous membrane, the stercoraceous matters, which at first are compelled to circulate contrary to the laws of gravity, and around which the bowel often spasmodically contracts, allowing merely the liquid fæces to pass off, and conveying the idea of the intestinal canal being completely emptied, the scybala remain, and not unfrequently produce, by the irritation their presence occasions, either inflammation, diarrhœa, or other accidents. To relieve this state of things, laxatives, combined with opiates, counter irritants, emollient enemata, &c., must be administered. Occasionally more energetic antiphlogistic measures may be required; for instance, bleeding, blistering, &c.

When these measures have proved successful in completely emptying the bowels, the existence of the abscess will be ascertained, by the symptoms which usually accompany it, assisted by an examination of the iliac region, where, by the touch, we will generally be able to distinguish a swelling more or less marked in proportion to the advance of the disease. The patient will have some difficulty in walking, there is a limping and inclining forward in the gait, a sensation of weakness and fatigue is experienced on the least exertion ; there is a dull pain generally fixed in one spot, extending upwards and backwards occasionally to the loins, and shooting down to the thighs ; the knee of the affected side is bent and elevated in the recumbent posture, so as to relax the psoas and iliacus muscles; the skin is harsh and dry, pulse generally quick and wiry, sometimes full; the tumefaction and swelling in the iliac region, sometimes ill defined, will be dull on percussion, and convey a sensible impression to the hand, when the patient is made to cough. It will be necessary, in our diagnosis, carefully to distinguish this symptom from distention of the cœcum by gaseous products ; in the latter case the sound on percussion will be loud and sonorous. The patient in bed lies towards the side affected, and in this way experiences little or no pain, which, however, the erect posture and walking

invariably bring on. This combination of symptoms can scarcely leave any doubt as to the real nature of the disease, and if, together with these, accurate measurement should develope marked difference in size, and fluctuation can be distinguished, no further proof can be necessary. If the patient is of a plethoric habit, and not suffering under hectic symptoms, I would recommend full blood-letting from the arm, in addition to this frequent topical bleedings either by leechings or by cupping, (I give the preference to the latter in an adult subject.) A combination of Iodine with the Iodide of Potassium, in the proportion of ten grains of the former to from twenty to thirty grains of the latter, in an eight ounce mixture, half an ounce of which may be taken three times a day, I found exceedingly useful. Iodine ointment may be used externally to the tumour, though I should not be inclined to place much dependance on it; purgatives should be frequently administered, as well as small doses of blue pill. Squills and digitalis, to excite the activity of the absorbing and secreting systems; these with a suitable combination of tonics, as the matter becomes absorbed, will be attended in all probability with the most happy results. In the treatment of this disease it is of the greatest importance to avoid, if possible, the necessity for an operation or opening of the abscess, as experience has fully proved, that this is always attended by most dangerous exacerbation of the symptoms, and commonly leads to a fatal termination. If unfortunately the disease has made such extensive progress, as to leave no hope from the enormous accumulation of matter of its removal byabsorption, and the necessity of opening it is apparent, a small opening with the lancet in the most depending part of the tumour should be made, the matter should not be pressed out, but allowed as it were to drain away; attention must be paid to the constitutional disturbance, which at this advanced stage of the case, will no doubt be attended by hectic symptoms; tonics and restoratives will be required to support the system. Mild laxatives may be administered with advantage, and should local inflammatory symptoms supervene, they should be combated by repeated leechings and emollient applications. In this way I succeeded in saving the life of a child residing at a distance in the country, and who had been roughly handled some few weeks before by a noted bone-setter, who persuaded the parents that the child had a dislocation of the hip joint.

The abscess in this instance was of enormous dimensions, extending from the right lumbar and iliac regions to a considerable distance down the thigh. The child was exceedingly emaciated, and from its appearance I considered its recovery impossible. He, however, perfectly recovered, and was brought to me a few months after on account of severe ophthalmia.

C. C.

Craig Street, 20th April, 1844.

REPORT OF DR. SKENE ON LEPROSY.

Continued from Page 83.

The points still at issue, connected with this Disease, relate to—

1st. *Its peculiar nature:*	4th. *The Diagnosis:*
2d. *The Pathology:*	5th. *The Prognosis:*
3d. *The Causes:*	6th. *The Treatment:*

The remarks which I am enabled to make on these subjects, are far from being complete; but being the result of individual observation and reflection, may be taken for what they are worth.

With regard to the first point I am led to think, that the primary cause, of all the symptoms detailed in the foregoing cases, and also of the others submitted to our inspection, was a morbid principle, *sui generis*, known only by its effects, which most probably resides in the blood, the common *pabulum* of the organs, being generated therein, by a *virus* which, when once introduced, reproduces itself, and by degrees transforms the normal elements of blood into new compounds, which contaminate the whole system and control the inervation and all other vital influences, the most prominent symptom being a perversion of nutrition, together with the secretion of new products in the tissues of organs.

The determination of the specific chemical changes and the attendant anatomical lesions must necessarily be left to the Medical Officer who will be appointed to superintend the infected districts. It is also desirable that experiments be instituted upon the lower animals, as to whether the morbid poison can be introduced into the system through wounded surfaces, or by absorption from the Stomach. As bearing upon this point, I may state that, while at Tracadie, I was told that a case had been produced by sanious matter, which had escaped from the coffin of a person deceased of this malady, and which had come into contact with the shoulder of one of the bearers.

2d. As to the *Pathology*.—Having had no opportunities of making *post mortem* examinations, I refrain from making any remarks upon this subject, farther than to refer you—*First:* To my general views in regard to the peculiar nature of the Disease, and—*Second:* To what may be gathered from the cases which have been detailed.

3d. In regard to the *causes of Tubercular Leprosy*.—I have already said that the Disease, in my opinion, depends upon the introduction into the system of a specific morbid poison, and the question comes to be—*First:* How this poison originates? and—*Second:* As to how it is communicated? As has been stated, there are no means of deciding upon the mode in which Ursule Landrè first contracted the Disease, but

no doubt rests on my mind but that it has since been from her communicated by hereditary taint, and by contagion.

[Here follows a genealogical chart showing the facts from which the first of these conclusions is drawn, but we omit it because of the space which would thus be taken up in our already crowded pages.—*E.M.G.*

After all, perhaps, hereditary transmission may be only a peculiar modification of contagion; at all events, the one is not opposed to the other, and I do not think that the Disease which is at present local or endemic, is likely ever to become epidemic, for as appears by the Report of the Guadaloupe Commission, in 1748, "The contagion is not so active nor poisonous as that of the plague, small pox, nor even as the ringworm, itch, scald, and other cutaneous disorders; for if that were ever the case, the American Colonies would be utterly destroyed."

The facts stated above will also shew that all those brought into direct contact with the Disease, and all those immediately connected with the sources of the malady, do not necessarily become affected with it, so that I am forced to conclude that, in the cases which became affected, there existed either some intrinsic constitutional peculiarity which predisposed them to the Disease, or that they were exposed to certain extrinsic causes, which rendered them peculiarly liable thereto.

I do not pretend to decide upon the intrinsic causes, but those which Authors suggest, are—*Depressing mental affections, age*, and *sex*. In regard to the first of these heads, I have only to say, that our examinations afforded us no evidence worthy of special notice, and concerning the second, I have to remark that the ages of the patients we saw, varied from eight to forty-nine years, and that, whereas Mr. Stewart's cases, quoted by Dr. Copland, (Page 706 of his Medical Dictionary,) go to prove that women are less liable to this malady than men, our observations shew that the male were to the female cases in the proportion of twelve to seven; so that on the whole, perhaps, I am justified in saying that both sexes are equally susceptible of the contagion.

The extrinsic causes cited by Authors are *indigence*, including *filth*, *exposure* to *extreme temperatures*, *diet*, either *scanty* or *unwholesome*, together with *miasmata* generated in the soil or subsoil.

I have no doubt but that indigence, filth and scanty diet predispose to contagious diseases of every description, and whether in this instance unsound Wheat, Rye, Potatoes or Fish are to be blamed, I regret to say, that my opportunities did not allow me to determine; however there is strong reason to believe that the Fish, which forms the principal article of diet of the people in the infected districts, is often in a state of decomposition before being salted; but supposing, as is asserted, that in imperfectly cured Fish there is a special organic poison, the opera-

tion of boiling ought, most probably, to render it innocuous. With reference to the miasmata and the Geological structure of the districts in question, I have reason to believe, that there is nothing particular.

4th. *The Diagnosis.*—On referring again to Dr. Copland's definition of this Disease, it will be seen that in the advanced stages, the symptoms are so well marked, that little difficulty can occur in detecting it; while in the earlier I can only say, that the peculiar *tawny* discoloration of the palate and fauces, appears to me (in the absence of Tubercles) characteristic of the malady. It cannot be confounded with Scrofula, inasmuch as this latter symptom is never present; nor with Survy, inasmuch as there is no tendency to local hœmorrhage; nor with Syphilis, which is originally a local affection; nor with Dry Gangrene, which chiefly affects the larger joints, (vide Doctor Charlton Wollaston's cases, recorded in the Phil. Trans. abridged, Vol. XI. page 626.)

5th. *The Prognosis.*—I am again obliged to say, that while our opportunities of observation do not allow me to bring forward any thing definite upon this head, and while ancient Authors uniformly return the Disease as incurable, the view which I have taken of the malady leads me to hope that the assimilation of the *virus* may probably be accelerated and accomplished before the constitution has given way, that is, before organs essential to life have become irremediably obstructed; the external evidence of this fatal state being intimately connected with the development of tubercles in the superficial tissues.

6th. *The Treatment.*—This is either *active, palliative, sanatory* or *preventive.* With regard to the first two, the Commission did not feel authorized to offer any observations to the Government of New Brunswick; while in respect of the latter two they unanimously recommend the erection of a Lazaretto, strict seclusion of the Lepers in this establishment, and Legislative sanction for the removal of those patients who, while Medical authorities were adjusting their differences, might introduce the seeds of a most loathsome malady into one of the most populous districts (Chatham) of this flourishing Colony.

Before concluding this paper, I would beg particularly to refer you to "An account of a visitation of the Leprous persons in the Isle of Guadaloupe, by John Andrew Peyssonel, M. D., F. R. S., translated from the French, dated August 10, 1748, reported in the Phil. Trans. abridged, Vol. XI. Page 74.

I have the honor to be, Sir,

Your obedient humble servant,

A. H. SKENE,

A. S. 51*st.* L. I.

FOR THE MONTREAL MEDICAL GAZETTE.

CARBUNCLE, PUSTULE MALIGNE.

16th May, 1844.—F. X. P., a stout, healthy man, of sanguine temperament, butcher by trade, applied for advice, in consequence of a swelling that had closed his right eye, and was spreading fast over the forehead and down the cheek: thinks he has been bitten by a spider in the night, (mordu par une araignée); slight heat; little discoloration; occasional stinging pains in the eye-lid; no appreciable constitutional derangement. Applied six leeches, two of which only drew a little blood; the part to be kept constantly wet with cloths saturated with a warm solution of acet. plumbi, dry cotton wool over it to *retard evaporation*. A laxative was ordered, but not taken.

17th, 8, A.M.—Was sent for in haste; swelling much increased, as well as the heat of the part, but the pain and redness not quite in same proportion. Considerable headache; eyes red; face flushed; skin hot and dry; tongue foul, white, with a red margin; great thirst; respiration hurried; pulse 125, small and rather hard; urine scanty and high colored. V. S. xvi. oz. ch. hyd. pulv. jalap aa. x gr. to be taken immediately; nit. pot. drs. 3 pulv. ipecac. gr. x, to be put in a pint of toast water, one table spoonful every ten or fifteen minutes, to promote nausea and diaphoresis. A large thick poultice of coarse stale bread, with brewer's yeast, to cover the whole side of the face.

7, P.M.—Swelling increasing; eyelids very red; made several *punctures* with a lancet, (from which blood continued to ooze into the poultice most of the night.) Febrile symptoms not increased; bowels had been moved twice, scantily; cal. and jal. as in the morning; continue nitre and p. ipec.

18th, 8, A.M.—Passed a restless night; swelling extending down to the thorax, and has closed the left eye; lids of right eye livid; febrile symptoms much increased; V. S. x oz., four grs. cal. every two hours; a large blister plaster, ten inches square, between the shoulders; continue poultice, nitre.

12, Noon.—More composed; head less embarrassed.

8, P.M.—Swelling has reached half way down the thorax, but there is less heat; lids of right eye more livid, and studded with vesications. Rather an abatement of constitutional symptoms. The bowels have been moved three times copiously; dejections extremely fœtid; passes much flatus. Acid mur. dilut. fifteen drops in cold water every hour, or oftener, if agreeable; opium and pulv. ip., ea. 1½ gr.

19th, 7, A.M.—Passed a tolerably good night; the first refreshing sleep since the attack. Manifest diminution of all the urgent symp-

toms. Poultices to be frequently renewed, as there is considerable discharge from the lids; continue acid; broth to be taken freely.

12, Noon.—Still improving, but feels languid; a wine glassful of beer to be taken alternately with the acid.

8, P.M.—Feels better, but would like to have another good night. Opiate, as before.

20th.—Has had a very comfortable night. Convalescent.

From this day my patient recovered apace. A narrow slough, an inch long, fell from the upper lid; that from the lower lid much larger, and will, no doubt, at a future day, require the plastic operation, to correct the deformity, though every effort is made to heal the sore by granulation, so as to prevent the contraction of the skin; applications, amply covered with oiled silk, to keep all moist, are used.

A man in the vicinity, a few days previously, had died of the charbon, which caused great alarm to my patient when attacked. From the first I was satisfied this was a case of malignant carbuncle, having witnessed many cases of it while practising in the country. When P. was out of danger, on interrogating him as to the origin of his complaint, he acknowledged that on the Friday evening, five days before the attack, he had killed a cow, which he suspected was diseased, from the *blackness* of the blood, and *unusual heat* of the flesh. He declared that he would use great circumspection for the future in the selection of the cattle he slaughtered.

I entertain not the smallest doubt, had the cow died of the disease with which it was affected, instead of being killed ere it had acquired much virulence, and been skinned by P., that the attack would have been infinitely more precipitate and violent; the period of incubation is short in proportion to the potency of the virus.

So soon as the constitutional disturbance becomes apparent in charbon, the symptoms assume a very violent character, when measures active in proportion are indispensable; never, however, losing sight of the fact, that this disease rapidly runs through its different phases, and the time for decided antiphlogistic treatment is very brief. After depleting copiously, in an hour or two we may be compelled to have recourse to diffusible, and to more permanent stimuli; then tonics and restoratives; when the most prominent marks of phlogosis are over, muriatic acid may be exhibited with the best effects; it is a very grateful refrigerant, and one of our most powerful antiseptics.

I take warm astringent applications to be proper in the early stage; if the part is very red and turgid, small punctures should be made. I am averse to incisions, having known them to be speedily followed by gangrene. Applications, of whatever kind, should be covered with oiled silk, or even thick paper greased, to prevent evaporation, which,

as it were, lays the system under contribution for more caloric. By the way, I am disposed to think, that the time is not far distant when the rage for cold applications, and *evaporating* lotions in particular, will subside, and a more philosophical method will be put in practice in *local* treatment of phlegmonous and other inflammations. The moment the part assumes a bluish cast, it should be abundantly covered with a fermenting poultice, and I know of none so cheap as, or better than, brewers' grains mixed up with strong yeast. But as this is not come-at-able in the country, I was in the habit of using stale bread and leaven, which speedily ferments, and is an excellent dressing.

The moment the excitement is on the wane, I administer opium and ipecac, with the best effect; but it is of the utmost importance that the determination to the brain should first be removed; and for this purpose, directly after a sufficient bleeding, I apply a large vesicatory between the shoulders, and encourage the discharge by bland poultices; this has a most soothing effect, and removes that peculiar jactitation and depression of spirits which characterize the more urgent cases, at the same time, a revulsive action, with regard to the tumid parts, is beneficially established.

The Malignant Carbuncle is a *specific* disease, in the first instance, existing in the domestic animals; among neat cattle in particular, and readily commmunicated by contact, to man; but I know of no writer who has stated that it could afterwards be conveyed by the person affected to any individual in communication with him. I have never known nor heard of an instance of the kind, nor does any such impression exist in the minds of people, who are always sufficiently ready to imbibe false notions, and give easy credence to any marvellous tales about contagions. But I am in candor constrained to say, that that great and good man, BARON LARREY, seems to entertain the idea, that one human being may infect another with the disease. In his most interesting and instructive "*Chirurgie Militaire*," vol. 1, Page 111, he says: "*La contagion a souvent lieu d'homme à homme, et elle se communique au contraire très subtilement de l'animal a l'homme; aussi frappe-t-elle frequemment les bouchers.*" I am with equal truth compelled reluctantly to remark, that the celebrated Baron in his "*Memoire sur l'anthrax*," has not evinced his usual analytical talent. He looks upon anthrax merely as a milder form of carbuncle or "*la pustule maligne.*" In my humble opinion they are manifestly two distinct diseases; and they cannot be traced to contagion; it obtains almost invariably in debilitated subjects, whose constitutions have been worn down by inebriety and other excesses, as well as by care and privation. It therefore almost constantly requires a stimulant and tonic treatment at the very onset. Whereas "charbon" is the result of infection from

the brute; the subjects generally plethoric and in high health; the attack is sudden, and when contracted from the dead animal, death ensues after an awfully short period. Depletion at once is to be resorted to, if not, scarcely can recovery be expected from any subsequent treatment.

The epizootic disease is occasionally very rife in the grazing parts of Southern France. LARRY met with it in its worst form in the province of Trinli, in Italy, in 1797. There is an excellent account of the same epizootic in the 21st No. of the Edinburgh Journal, which ravaged the Island of Grenada in 1783. We cannot say that it is epidemic in Canada; there are many instances where the whole stock on one farm has been carried off by it, whilst the neighbours remained unscathed. The Nuns on their farm opposite St. Pierre, a few years since, lost the whole of their fine milch cows. Sporadic cases are not uncommon.

From memory I could give the particulars of several other cases of this alarming disease, which were treated in the same way as that stated above of P. and with equal success, wherefore it may not be deemed impertinent should I suggest a similar mode of procedure to such of the Profession as may not have had equal experience in this always distressing and too often fatal complaint.

W. NELSON.

Montreal, 17th June, 1844.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

GENTLEMEN,—Should you deem the following notes of a case of imperforate uterus occurring in a second pregnancy, worthy of a place in your journal, their insertion will oblige

Your obedient Servant,

R. H. WIGHT, M. D.

On the 29th October, 1842, at noon, was requested to visit Mrs. S——, æt: 28, a stout built Irish woman, in labor of her second child; was informed by the midwife that she had had strong pains the preceding evening, and that there was no shew. On examination I found the pains urgent and powerful, and bearing down a round, tense, globular tumor into the vagina, giving the impression of the child's head forcing down the uterus before it. Every part of the vagina was carefully examined. without discovering the os uteri; the head being low down facilitated the thorough examination of the canal and contents. About the spot where the os should be, was felt a firm hard point, with three lines or ridges diverging from it, one towards the

sacrum, and the other two laterally towards each groin. To the fingers these felt like cicatrices, and on enquiry was informed by the patient, that, "while in Toronto two years ago, she fell down stairs in the 4th month of her first pregnancy, was immediately seized with pain and flooding, which lasted for two days; when, not getting better, a medical attendant was called, who without any delay applied instruments and delivered; the application of these produced great pain, and was followed by dreadful flooding, fainting, &c. &c., from these she rallied, and after enduring great pain and fever for some days discharged purulent matter along with the lochia; for many months this discharge continued in diminished quantity, but never disappeared, even when the catamenia came on, which was every month; has not seen any matter since this second pregnancy." The pains being very strong and frequent, it was resolved, in consultation with Dr. Griffin (now of Quebec) and Dr. Black, to quiet them as far as possible by opiates given by the mouth and rectum, till further aid could be had, or nature perform her own *cure*. The patient was closely watched, and on examining her, the os uteri was often sought for, lest it should be high up towards the prom. sacri, as in cases of anterior obliquity of the uterus, but in vain.

During afternoon and night the pains were almost stopt by the opiates, and she dozed a little; at 7, A. M. they returned in former frequency and strength, and at noon were accompanied by such bearing down as threatened a rupture of the womb. The opiates were repeated and rejected. While supporting the uterus against the force of the pains, my fingers happened to be on the point before spoken of, when suddenly I felt something tear under them, and after a couple of pains passed the point of the index finger into the rent which had taken place close to the point, and was now made larger and larger by each successive pain, producing three rents in the same direction as the three lines before described; these rents had rough edges, and bled very little. At 5, P. M., the opening being sufficiently large, the waters burst; the head not advancing any for three hours, and the patient complaining of giddiness and headache, the forceps were applied, and the cure terminated by giving birth to a full sized healthy child. The extraction of the placenta gave no trouble, nor during the whole labor was there flooding. In 10 days she was up and about her house, with only a slight purulent discharge, which entirely disappeared in another week.

St. Johns, C. E., 23d May, 1844.

THE MONTREAL SELF-SUPPORTING DISPENSARY.

In submitting to the public the first Report of the Montreal Self-Supporting Dispensary, the Managers feel that they have great cause to be thankful to an all-wise and bountiful Providence, in having permitted their labours, limited as they may appear in the first instance, to have been productive of such an amount of good, and to have been accompanied by so much actual comfort to the individuals in whose behalf they have been employed.

As it was contemplated, on originating the Institution, many of the patients have been so circumstanced, that it would have been quite impossible to have removed them from their families, with a view to sending them into Hospital, children under eight years of age forming a large ratio of the patients; and it is quite unnecessary to remark upon the amount of actual misery and destitution that the Managers have had opportunities of daily witnessing, in the discharge of their professional duties, and from which circumstances of various kinds prevented the possibility of separating the sufferers.

It is a source of great congratulation to the Managers to state, that the utmost satisfaction has been expressed, both by the patients, with reference to the assistance afforded to them at the Dispensary, and by the subscribers, who have, through this channel, been enabled to render real service to their destitute neighbours, at so trifling an expense. The best proof, indeed, of the labours of the Managers having been appreciated, is derivable from the facts, that many of the patients have applied a second, and some even a third time, for different ailments, during the short period that the Dispensary has been open, and also, that several of the original subscribers have required a second supply of tickets.

From the 1st of October, 1843, to the 1st June, 1844, 274 persons have availed themselves of the benefit of the Institution, of whom 132 have been attended at their own homes; and to some of these, two, and even three, visits were paid daily; independently of between 20 and 30, who, from not having been furnished with subscribers' tickets, or recommendations from their Clergy, have been considered as casual applicants; advice or medicine at the time being all they required.

Of the gross number of cases, there have been discharged: Cured, 183; relieved, 27; dead, 12; sent into Hospital, 5; sent to the Lunatic Asylum, 1; who did not return, 2; discharged as unfitting objects, 1; children vaccinated, 23; still under treatment at the date of the Report, 20.

Of the same number, 137 belonged to the Church of Rome; 105 were members of the Church of England; and 34 of the other religious denominations in this city.

Of this number, also, there were :

Under 2 years of age,.....				40
From 2	"	to 8 years of age,		42
From 8	"	to 20	"	24
From 20	"	to 30	"	66
From 30	"	to 40	"	50
From 40	"	to 50	"	29
From 50	"	to 60	"	14
From 60	"	to 70	"	9

In the deaths were comprised cases of

Pulmonary Consumption,.....	2
Inflammation of the Lungs,.....	1
Chronic Bronchitis,.....	1
Disease of the Heart,.....	1
Hydrocephalus,.....	1
Hooping Cough, complicated with Disease of the Brain,.....	1
Cancer of the Tongue,.....	1
Marasmus,.....	1
General debility, or Asthenia,.....	1
Ulceration of the Bowels, with the formation of Artificial Anus,.....	1
Phrenitis from Concussion,.....	1

Shewing an average of nearly 1 in 23; which, taking into account the nature of the diseases, and the unfavourable circumstances in which many of the individuals were placed, must be considered exceedingly small.

SUMMARY OF DISEASES TREATED AT THE DISPENSARY.

Diseases of the Brain and Nervous System, including Intermittent and Remittent Fevers,.....	27
" Organs of Respiration,.....	53
" Heart and Organs of Circulation,.....	10
" Organs of the Digestive Apparatus, including continued Fevers,.....	84
" Skin,.....	8
Surgical Diseases,.....	56
Female Complaints,.....	12
Debility, or Asthenia,.....	1

(Signed) A. F. C. T. ARNOLDI,
F. BADGLEY,
WM. MACNIDER,
P. MONRO,
H. NELSON,
W. SUTHERLAND.

1st June, 1844.

THE MONTREAL MEDICAL GAZETTE.

Omnes artes, quæ ad humanitatem pertinent, habent quoddam commune vinculum, et quasi cognatione quadam inter se continentur.—*Cicero.*

MONTREAL, JULY 1, 1844.

It was truly remarked by Dr. Clutterbuck, in one of his admirable lectures, "that the progress of our art is impeded by the mystery in which it is involved; that the public know hardly any thing of its real nature, and think it consists merely in the exhibition of nauseous drugs."

Daily experience abundantly proves, that so long as any particular theory or art is enveloped in a certain degree of mystery, so long will the supporters of that theory, or the practitioners of that art, be able to carry on their covert dealings, and impose upon the unwary, the partially educated and the ignorant portion of mankind, with a certain degree of success; and each sect will continue to exercise their sway, until, by some unlucky accident, some new doctrine is broached, which, in its turn, conveys to the minds of the same portion of humanity some most extraordinary illuminating influence, and which all of a sudden satisfies them that all their previous opinions were founded in error; or perhaps exhibiting some more captivating feature in its mode of mystifying its victims, succeeds for a time in carrying to their empty brains an amount of conviction, that *this* last and its advocates can alone be right, and that all others must of necessity be wrong. Medicine, practised purely as an art, as a *moyen de vivre*, by clever but designing and inconsistent men, affords the most abundant field for carrying on these deceptions. Every one can feel pain; every one is forced to submit to the inconvenience, if not to the distress, induced by faulty performance of function, or absolute organic lesion. Such an one seeks not to know the cause of this inconvenience or suffering, unless it be to such an extent as actually to make him dread that death is becoming too near a neighbour of his own tabernacle of clay; he flies for relief; it matters not to him, whether he obtain it from an educated or ignorant man, so long as the painful sensation is removed—*that* is the ultima thule of his wishes—that is the one thing needed—

and for that he is prepared *at such a moment*, to pay. He cares not whether it be effected by the result of hours of deep study, by potations of water, varying from 10 to 30 pints at a time, or by a grain or two of sugar of milk, administered with an air of the most pertinacious effrontery; he has swallowed the dose, he has paid for it, and a short time suffices for the trial of the experiment. Such must continue to be the case as long as persons in a certain station of society, from whom, in consequence of previously received education, (albeit it may have been small in amount,) or who, from their whole time being engrossed in the frivolities of civilized life, cannot or will not allow their mind (that grand characteristic feature between God's noblest work and the brute,) to reason upon, or be educated upon, the natural course of cause and effect; and as long as they refuse to admit, that the most interesting study in nature is the study of man, so long then, we assert, will this baneful influence be exercised over society at large.

These remarks have been called forth, in consequence of its having come to our knowledge, that within the last month some half a dozen or dozen (we care not for the number, if there were but one,) of the patients in the Montreal General Hospital have been entrusted to the care (tender, no doubt, considering the weapons used,) of an individual practising homœopathy in this city. Now, with regard to this gentleman's professional qualifications, we know nothing; we heard him assert, that he had studied his profession according to the old system, but that, from "*conviction of the incorrectness of its principles, he had become a disciple of Hahneman.*" We accord to him, and to every one, our full permission to be a follower of the original minded Hahneman, or of the veriest quack in the world; but this (having some regard for consistency) we will *not* accord to him, without remarking upon the paradox, that, to suit his convenience, he shall offer, while sailing under the colours of his reputed patron, to treat patients homœopathically, allopathically, or perhaps hydropathically, just as *they* shall choose. No, no; our own impression is, that the practitioners of homœopathy practise too much under *dollaropathic* influences, as long as any dollars may be forthcoming; and, should a crisis arrive, and this secretion be checked or exhausted, their patients are then permitted to adopt any other "*pathy*," for the assuagement of their feelings, however *dolorous* these may have become. We do not write

unadvisedly; we could detail some curious histories of this description, which have come under our own immediate knowledge in the largest metropolis in the world, as well as in this city of ours. We may, perhaps, on a future occasion, be tempted to lay some of these curious and instructive cases before our readers. Such, then, being the case, we ask what was the object in intrusting to the care of an individual, who has not yet quite made up his own mind as to what he practises, cases in an Hospital, the governors of, and subscribers to which, certainly entertained the opinion, (however erroneous it may be regarded by the advocates of Hahneman) that their contributions were to be consecrated to the treatment of diseases, according to generally recognized principles? Were the Governors consulted as to the propriety of adding to the Medical Staff of their Institution? or were they invited to behold the miracles to be wrought, or the fallacies to be exposed? We regret that such a step has been taken by the present Staff of the Hospital, presuming, as we do, that they must have sanctioned it in a body; and, setting aside all private considerations, we regret it the more, because such a step must necessarily bring down a certain amount of discredit upon one of the most valuable Institutions in the country; and, what is of even greater consequence to our profession, a suspicion of the confidence entertained by the Medical Officers themselves in their own principles of treating disease. In conclusion, we declare our full belief, with all educated practitioners of our art, that many Medical men, instead of acting as the handmaids of Nature, and pursuing a legitimate expectant system, too often, by their desire to do too much, or to perform professional miracles, do mislead Nature entirely, and get themselves into a perplexity; and, at the same time, we protest with all our power against the preposterous absurdities vomited forth by Hahneman and his followers,—and of these, none more absurd than that all diseases of a chronic kind depend upon the presence in the system of the poisons of "itch or syphilis." We wonder what the female clients of Hahneman would say to an *allopathist*, were he to declare this axiom to them. Verily, he would be scouted as one of the most brutal monsters in the world; and yet "La Doctrine Homœopathique," without distinction or qualification, pronounces this judgment against them.

We may be accused of prejudice, of narrow-mindedness, perchance

of ignorance, with regard to this new doctrine; but we are quite prepared calmly and dispassionately to "prove" the absurdity both of "the theory and practice of homœopathy," from beginning to end, and determined, moreover, to "hold fast that which is good," we are so far consistent as to affirm, that *we* believe in no other system of therapeutics, but that which is based upon *sound physiology* and *sound pathology*.

In taking leave of the "Homœopathic Practitioner of the city of Montreal," we must beg the favour of his furnishing us with the locales of the "*ten Homœopathic Hospitals and Dispensaries*" which he stated in his first lecture to the members of the Mechanics' Institute, existed in London. They certainly did not exist, to the best of our knowledge, up to the 20th March, 1843.

The Boston Medical and Surgical Journal of the 12th June last, contains expressions so flattering to ourselves, and good wishes so cordial to our publication, that although we may incur the risk of being charged with possessing a very remarkable developement on the vertices of our heads, nevertheless, as coming from the learned and very able conductor* of one of the longest standing, most popular, and most widely circulated of our contemporaries in the United States, we cannot refrain from transcribing the notice of our friend, (we hope we may be permitted to use the term) into our pages.

Montreal Medical Gazette.—Recently, soon after the publication of the second No., we were presented with specimens of the Montreal Medical Gazette. It is published monthly by Messrs. Lovell & Gibson, and confided to the editorial guidance of Francis Badgley, M. D., and William Sutherland, M. D., both residents of that city. Dr. Badgley, whom we have the pleasure of knowing personally, is a man of distinguished professional attainment, with zeal and enterprise, to meet all contingencies, till the Gazette is fairly established on a substantial foundation. His associate has a reputation for qualities equally necessary and available in commencing a scientific periodical. There are practitioners enough in the British North American possessions to sustain the Journal triumphantly; and if they do not do it, they will certainly excite the surprise of their neighbors in the States. The medical staff of the different regiments quartered at Halifax, Quebec,

* Dr. J. V. C. Smith.

Kingston, Toronto, &c., are abundantly able to render important assistance, as well as patronage. There is one feature in the new Journal that strikes us favourably. It is that the French practitioners report in French, and the English in their vernacular, and thus both are accommodated. In Lower Canada, a large proportion of the physicians cannot speak the English language at all. A Journal, therefore, from which articles in French were excluded, would be of no kind of use to many gentlemen of very eminent medical attainments. We confess ourselves warmly interested in the future success and stability of the Medical Journal of Montreal.

We insert with much pleasure in our present number, the first Report of the Managers of the Montreal Self-Supporting Dispensary; by which it will be seen, that the number of persons who have availed themselves of the benefits of this Institution, up to the 1st June, amounted to no less than 274, independently of between 20 and 30, who are considered as casual applicants, not having been provided with tickets nor recommendations from their Clergy, and who applied only for advice or received trifling assistance for a single time. Of the gross number above stated, 132 have been attended at their own homes.

We agree with the framers of the Report, that "The best proof of the labours of the Managers having been appreciated, is derivable from the facts, that many of the patients have applied a second, and some even a third time for different ailments during the short period that the Dispensary has been open, and also, that several of the original subscribers have required a second supply of tickets."

The Dispensary will, in the course of a few days, be removed to the house lately occupied by the Members of the Mechanics' Institute, in St. Urbain Street, arrangements having been made with the Lecturers of the late School of Practical Medicine and Surgery, for the lower part of that building, for the purposes of the Institution. We may here add, that the services of the Managers have been given since its commencement perfectly gratuitously.

We take advantage of a corner of this month's issue to notice an alcoholic solution of Camphor—*miscible in water*, without precipitation—prepared by Mr. Rexford, chemist, M'Gill Street. We have prescribed it fre-quently with happy results, and can confidently recommend it to our professional brethren.

The Lecturers of the late School of Practical Medicine and Surgery, encouraged not only by the unexpected success that attended their first session, but assured of increased numbers of pupils for the coming one, have determined to offer additional inducements to the students of Medicine in this portion of the Province, to attend lectures; and with this view, they have taken the large house lately occupied by the members of the Mechanics Institute, in St. Urbain street, where, with much increased space, they will be able to afford increased accommodation for the different classes, and for all the other purposes of the School.

It would be premature to detail the various arrangements already made and to be made for the succeeding campaign; suffice it to say they are such, that do credit to the respective Lecturers, who have engaged in carrying them out, and to the disinterested and spirited individuals who have taken a part in bringing about the contemplated improvements, which will be novelties in Canada.

It afforded us much sincere pleasure to read in the *Toronto Herald* of the 13th ult., (forwarded to us by a valued Toronto friend and subscriber,) a requisition, signed by twenty-five of the most respectable and influential Members of the Profession, resident in Toronto and the Home District, calling upon their brethren to meet them at the General Hospital, Toronto, on the following Monday, the 17th, for the purpose of establishing a Medical Society. We take some little credit to ourselves for having been the originators of the Medico-Chirurgical Society of this city, and we hail with great delight the establishment of a sister Society in Canada West. Our most hearty and cordial wishes accompany this announcement for the realization of the project, as we are convinced, it is by such means that not only will the science of our Profession be advanced, but also, that our mutual interests and the respectability of our body will be much enhanced.

Since the above was in our publishers' hands, we have had the happiness of learning, that the meeting advertised for the 17th instant at the Hospital, Toronto, has taken place, and terminated in the formation of a Society, under the name of "The Toronto and Home District Medico-Chirurgical Society, the sole object of which is, and shall always be, the dissemination and improvement of the various branches of Medicine, and the collateral Sciences." We repeat the assurance of our most cordial good wishes for its stability and success.

We are requested to repeat the notice inserted in our last number, that in accordance with its Bye-Laws, the meetings of the Medico-Chirurgical Society of this City will be held on the first Saturday of each month, until that of October next, when they will occur once in each fortnight till the 1st May following. Non-resident members of the Profession are requested to favor the Society with their attendance, and, when agreeable to themselves, to take part in its public business, on the occasions of their visiting Montreal.

We exhibit on the cover of our present number, the names of the Subscribers of the *Montreal Medical Gazette*; this list contains—1st, the names of those gentlemen who have given us the most substantial proof of their intentions, by having forwarded to our Publishers the amount of their subscriptions: 2nd, of those, who have, by letter or vivâ voce, authorized the insertion of their names where they are placed; and 3rd, of those, who, by not having returned the previous numbers issued, leave us to infer, that they wish to be considered as subscribers, and have only waited for a favorable opportunity of informing us to that effect. Among the very small number of copies returned, some bore neither the names of the gentlemen who sent them, nor of the places at which they were posted; should these gentlemen find their names still on our list, we beg that they will do us the favor to return this number, with their names either on the wrapper or on the cover of the Journal itself, and the error shall be corrected.

NOTICES TO CORRESPONDENTS.

Dr. C. Hall's communication from Burlington, will appear in our next.

Dr. Molloy, of Plattsburg, will find his communication in the August number, being received too late for the present one.

Several of our friends in the country will hear from us by post.

M. D. is unavoidably postponed.

Dr. Racey's case of Ostes Sarcoma in our next number.

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THE

MONTREAL MEDICAL GAZETTE,

BEING A

MONTHLY JOURNAL OF MEDICINE,

AND

THE COLLATERAL SCIENCES.

Edited by Francis Badgley, M. D., and William Sutherland, M. D.

VOL. I. MONTREAL, AUGUST 1, 1844. No. 5.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

DEAR SIRS,—I hand for publication in your valuable Journal, the following account of a bold and successful operation, performed by my able and intelligent friend, Doctor Hall, of Burlington, who forwarded the report in a letter lately received by me. I shall make no comments, the case speaks for itself. With much regard,

I am, yours faithfully,

WFD. NELSON.

Montreal, 28th June, 1844.

"The operation of Tracheatomy to which you allude, was performed on the 10th ult. by myself, assisted by Drs. Hatch and Marsh. The subject of this case was an interesting lad of about four years of age. While playing with a piece of pipe stem, and drawing air through it, holding it between his lips, he accidentally sucked it through the rimaglottidis into the trachea. This account the boy gave immediately after the accident, for no one was present at the time. He also measured on his finger his estimate of the length of the pipe stem, corresponding, as it afterwards proved, with its real length, being nearly 1¾ inches. The usual symptoms of foreign body in the trachea at once came on, such as violent coughing and difficult respiration; but the little fellow was not attacked with that threatened fatal suffocation which follows the inhaling of smaller and lighter substances,—and there appeared no floating up and down of the body through the windpipe, in the action

of breathing; it seemed to have descended rather by its own superior weight, and become fast in some bronchial tube. But, lest there might be some mistake in the opinion we had formed and expressed—viz., that the pipe stem was in the trachea or bronchiæ, we resorted to other means than an immediate incision, to dislodge the offending cause. A probang was several times introduced into the pharynx and œsophagus. An emetic of sang: canaden: was administered with the vain hope that the body might be coughed up in the operation. And, to the horrid proposal of cutting the boy's throat to save his life, the friends hesitated much in yielding consent, and they were induced to try still further milder means to expel the foreign body before they would consent to this savage operation. Consequently we left the patient for the night; in the meantime the lad was several times held up by his ankles with his head downwards, at the same time applying sudden percussion between the shoulders, but all to no purpose.

"The next morning, about 18 hours from the accident, consent was obtained for the operation. This was performed by placing the boy upon a table on his back, his head, arms, and legs, were held and supported by assistants. The lad being short necked and fat, it became expedient to introduce a bolster beneath the nape of the neck and shoulders, so as to bear the head back and raise the trachea, to make room for the knife. These preliminaries being settled, I commenced the incision from above and carried it longitudinally downwards, in the course of the trachea to the sternum. While cutting through the adipose substance a vein of considerable size was divided; this continued to bleed for some time, and to save time we applied a ligature. The tracheal opening was now made at the upper angle of the incision, when the air and spray burst forcibly out; the boy, up to this time incessantly screaming and inquiring if we found the pipe stem—but now his voice was, as it were, smothered and gone. At this critical juncture he was turned on his left side to prevent the oozing of the blood into the trachea, and the incision was finished by dividing the tracheal rings, with the probe pointed bistory, to the extent of the external incision, it being about 2½ inches. The cut edges of the trachea were drawn apart with broad blunt hooks, made of silver plate, and immediate search was made for the foreign body.

"After nearly ten minutes search it was found by Dr. Marsh, and drawn out on the point of the probe, this having entered the hollow

of the pipe stem, which was found securely lodged in one of the right bronchial tubes, some two or three inches below the top of the sternum.

"After this joyful result, the incision was drawn together by sutures and sticking plaster; but the respiration had become so laborious and difficult before the operation, that now at each expiration the air burst forcibly out between the stitches. This continued about 36 hours, when the breathing became natural.

The first evening a cathartic of calomel was administered, followed by an expectorant powder, one every six hours. In three days the little sufferer was considered out of danger, and has since entirely recovered."

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

GENTLEMEN,—Will you permit me to offer you the enclosed case of Osteo-Sarcoma of the Inferior Maxillary Bone, which has lately come under my charge, and the issue of which has been most fortunate. Perhaps, if your columns are not too much occupied, you will permit it to appear in the next number of your very valuable and useful Journal.

Believe me, Gentlemen,
Your very obedient Servant,
JOHN RACEY, M. D.

QUEBEC, June 26th, 1844.

Maria Byers, resident of Port Daniel, District of Gaspé, æt. 30, mother of two children, the youngest of which is seven months old, has come up to this city to have a tumour of the lower jaw examined, and removed, if necessary. She states that it commenced five years ago, (but cannot assign any cause for its so doing,) at which time it was about the size of half a hazel nut; it has been gradually on the increase ever since, but within the last five or six months it has enlarged much more rapidly, which she attributes to a partial fracture which occurred in consequence of chewing a portion of hard crust of bread. On examination, it was found, that the tumour extended from beyond the mental symphisis of the right, to the neck of the bone on the left side, and that the whole of the bone was implicated between those parts; it extended, moreover, under the tongue, pushing that organ to the right side, externally it filled the angle formed by the base of the bone, inner line of sterno cleido mastoid muscle, and lateral portion of thyroid cartilage. The

articulation of the diseased side was quite healthy, and the teeth sound but loose in their sockets. That portion of the disease within the mouth gave the same sensation when handled, as though it was composed of a number of egg shells placed within a membraneous bag, each shell of bone yielding to the pressure applied. Having requested Drs. Morrin and Sewell to examine the case, and no doubt existing regarding the disease, which was rapidly extending itself to the opposite side, it was proposed, as the only means of saving the patient, to remove the mass and bone, which proposition was acceded to by the patient: and on the 30th May, with the kind assistance of Drs. Morrin, Sewell, and Watt, I proceeded to perform the operation requisite, in the following manner: The patient was seated with her head reclining on Dr. Watt's breast; an incision was then made, commencing opposite the left ear extending along the ramus and base of the tumour, to opposite the mental foramen of the right side; a second was then made from the last mentioned point to the free edge of lip, and the superior flap thus delineated having been dissected upwards, I proceeded to remove two teeth; viz, the canine and lateral incisor, between the sockets of which the bone was divided by means of the saw and Liston's cutting forceps; the tumour was then grasped, and an inner incision made along its internal length—and the coronoid process brought on a level with the base of the zigoma, and detached from its temporal muscle; the capsule of the joint was then opened and the bone disarticulated. The integuments covering the lower portion of the tumour were then dissected from the lower flap, and the mass removed. I may mention that there was some delay in disarticulating, in consequence of the tumour breaking in two when used as a lever. There were only three arteries divided requiring ligatures; a portion of lint was placed within the flaps which were approximated, and after an hour secured by a few sutures. The patient bore the operation, which lasted twenty-two minutes with great fortitude, and lost about ten or twelve ounces of blood. It is well to remark that previous to dividing the lingual muscles, an assistant had to secure the tongue for a few minutes as there was a great deal of spasm which might have choked the patient by drawing that organ backwards, &c. On the third day the dressings were removed, when the external incision was found to have healed by the first intention, except where the ligatures prevented. The sutures were removed and fresh isinglass plaster applied. The

fœtor from the mouth at this period was very offensive, in consequence of lint placed within being saturated with pus, &c. A portion of this was removed, and the mouth syringed out with warm water; on the fourth day, she managed to swallow a little thin gruel, and had her mouth frequently syringed out with tinc: myrrh and water; on the ninth day, two of the ligatures came away and the remainder of the lint, and she managed to swallow fluids with comparative ease. On 18th day the last ligature came away, since which period she has been gradually improving, and now eats solids cut up fine, and drinks without dribbling; her speech is very little affected, and she is waiting for a vessel to go back to her family, very grateful for the relief which the Science of Surgery has achieved for her.

She is very little deformed; indeed, so little that one would not observe it, unless his attention was drawn to the subject, and she already begins to move the remaining portion of the jaw, so as to rub the teeth against their antagonists in the superior maxillary.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

GENTLEMEN,—Should the following cases be deemed of sufficient interest I shall feel gratefully obliged by their insertion in the Montreal Medical Gazette, and remain,

Gentlemen,
Your obedient servant,
P. E. MOLLOY, M. D.

Mrs. Rogers, aged 57, applied to me in July, 1843. She stated that about "10 years ago, a bone slipped down the throat, and, as she believed, lodged somewhere in the lower part of the swallow." It occasioned but little inconvenience for the first three years, but from that time, the difficulty of deglutition increased. For the past four years she had been under the medical treatment of most of the practitioners of the neighbourhood, who regarded the case as one of ulceration of the mucous membrane, and treated it accordingly; but the disease increasing, she came to me, when the following symptoms appeared. Great emaciation, pulse 90, weak and vibrating, skin dry, tongue moist but coated, bowels inactive (generally), great prostration, obliged to be assisted into my office by two persons, catamenia had ceased about 10 years. She had been obliged for the last 18 months to live upon vegetable diet and milk, which she had to comminute together into a soft pulp, of which she could only

swallow about the quarter of a tea spoonful at a time, and even that with great difficulty and sense of suffocation. No external enlargement in the neck was perceptible. Supposing the bone had served as a nucleus around which a tumour had formed, I attempted to explore the passage with a probang; the irritability of the larynx was so great that I could not pass the curvature for some time, but by accustoming the parts to the instrument, I finally succeeded in introducing one of my largest and strongest probangs, and finally separated the tumour (which nearly filled the whole passage) from its attachments to the mucous surfaces. She fainted under the operation, and on her recovery, she asked for water, which she attempted to take in drops (her usual way of drinking for many years), but to her astonishment she swallowed the whole contents of the tumbler in two draughts. I recommended her to use a gargle of

P Acid Nitrosi, Guttas xx
Syrupi. Rosar ½oz.
Aquæ puræ, 8 oz.

For two days she felt a slight tenderness, arising from the laceration of membrane, and in five days she came three miles to acknowledge that she was in perfect health, and recovering her strength daily.

Mrs. Cunningham, aged 24, of healthy and robust constitution, was delivered naturally of a healthy child, on the 10th March, 1843; about 10 minutes after, flooding followed, which terrified the midwife so much, that she did not attempt to bring away the secundines. A medical practitioner was called in on the second day, who declined using any artificial means to assist in extracting the placenta. The patient remained in this state until I visited her on the 20th. The fætor on entering the house was almost insupportable: but this I had corrected in some measure, by directing a woman to wash the parts with a weak solution of chlorid calcis, and injecting the same per vaginam, as well as by purifying the room with

R Acidi Muriat:
— Nitrosi aa drs ½
Aquæfontanæ oz. 8
Manganes: dr. 1½

Her face exhibited a cadaverous hue; lips exsanguineous; aberration of the mental faculties; pulse 110, small, vibrating; tongue black, dry, parched and loaded; teeth covered with sordes, abdomen tumefied and tender on pressure, bowels confined for four days, skin moist and cold, pain in the head, which on being raised from the pil-

low caused faintness, excessive thirst, extremities cold. On vaginal examination, the funis was felt, dried, and came away by the slightest tension. On introducing my hand partially, I found the Os tincæ almost normally contracted; but so acutely sensitive that she could not bear more than the insertion of one of my fingers; with this I could feel the lower edge of the placenta, but being in a complete state of decomposition, it broke away on the slightest pressure, and I desisted from using any forcible means to pass my hand, as it might have endangered life. The hæmorrhagia uteri had ceased to flow; for six days previous to my visit, the mammary secretions had been altogether suspended.

20th. R. Proto Chlor. Hydr. Gr. x.
Pulv. Rhei Gr. xv.
„ Ipecac Gr. ij.
„ Zingiberis Gr. iij. m : ft : pulv. instanter sumend : Sinapism: pedibus et nuchæ.

Stupes of warm water applied over the abdomen, cloths dipped in vinegar to the head.

21st. Bowels relieved three times, but little change in the general symptoms, pulse 108. Thirst abating.

Rj. Spir. Ammon. Aromati oz. ij
Tinct. Cardam. Comp. oz. i
Aquæ Cinnamom oz. vi Cochl : dua : ampl : tertia vel quarta quaque hora sumenda. Half a glass of port wine every six hours, weak beef tea, oatmeal gruel ad libitum.

24th. Abdomen less tense and tender, tongue clean, bowels only open once since the day before yesterday; pulse 98; slept tolerably well, pain in the head still continues, mind more composed, breasts slightly tumefied, milk oozes, still no lochial discharge, fætor scarcely perceptible, appetite improving, nursing her child.

R. Infusionis Gentianæ Compositæ oz. vj
„ Rhei. E. I. Opt. oz. iij
Tinct. Card. Comp. oz. i
Bicarbonatis Soda, dr. ij Sumat Cochl : amplum manè meridiè et nocte.

R. Sulph. Quininæ Gr. iv.
Vini. Maderiensis. oz. ij. Cap. bis in die; mitte Chartul. xij. Mutton chop and strong beer at dinner, acidulated barley water for common drink.

31st. On this my last visit (the patient resided 17 miles from

Plattsburg), I found her convalescent, sitting by the fire, complaining of slight debility; she, as well as the nurse, assured me, that from the time the hæmorrhage ceased, no discharge whatever came from her, and I have every reason to believe it to be a fact, as I closely examined every time I saw her, but never discovered more than the slightest stain on the clothes. The power of absorption, as exhibited in this case, is unique to me, and may appear equally so to many of your subscribers. Dr. Wolfred Nelson (who resided here for three years, and whose professional character stands in the highest and most enviable estimation amongst the inhabitants of Clinton County) knows the two persons, whose cases I have narrated.

P. E. Molloy, M. D., M. R. C. S. L.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

Gentlemen,—It is stated in an article in the June number of your journal, that "abscesses in the *iliac fossa have been generally described* under the names of *psoas* or *lumbar* abscess;" an assertion which is somewhat novel to me; I should therefore like to know, who are the authorities that have designated an abscess *originating in the iliac fossa*, (and which has its own very expressive name,) by a synonyme so vague, and inappropriate, and which would tend only to mislead the student. If all *chronic* collections of matter, in connection with the abdominal parietes, (whether within or external) are to be indiscriminately termed "psoas or lumbar," we must lose some very characteristic and discriminative terms, which, unless very good reason can be adduced, should not be discontinued. I am ready to admit that the diagnosis of diseases of this nature is by no means always an easy matter, and that mistakes have, in consequence, been occasionally made; these difficulties, however, do not authorize us to describe, as identical, diseases which post mortem inspection readily points out as widely different.

Precision in terms, is as essential in medical language, as faithfulness of description; and the neglect of either of them is far less excusable, even than errors in diagnosis; which, we find, the learned Dr. Elliotson admits, are occurrences to which he (in common with others) is liable, and which *we*, in equal candour, might admit ourselves, as occasionally subject to. The motto "humanum est errare" is applicable to all, though perhaps not equally so. It is nevertheless our bounden duty, on all occasions, to use our utmost diligence and skill, to form a correct diagnosis, as far as it is in our power, upon which basis only, scientific medical practice can be erected. I am at a loss to know, to whom the author may allude,

when he says, "the views, which for a long time prevailed, as regards the pathology of the disease, and which, it would seem, are still entertained by some, even *distinguished* practitioners, are, moreover, a *fruitful source of error, and another cause of the inefficiency of the treatment usually adopted.*" I cannot, in justice, admit the correctness of the applicatian of this *libel*, to any of the modern authorities, with whose writings I am familiar; candour, (which is ever inseparable from high-mindedness,) has made us acquainted with the failures, and errors, of the most skilful of our profession; which are reported to us, and intended as beacons, to preserve us from the hidden dangers of our profession; and I much fear, were we on all occasions to imitate their candour, as zealously as we trumpet our success, our fair fame would stand on a very different basis; although, perhaps, it might not attain as elevated a pinnacle as we would wish. Admissions of the obscurity of the symptoms, of psoas or lumbar abscess, or of other chronic collections of matter, or even of the impossibility, in some instances, of discovering them, by any indications, are by no means confessions of ignorance, nor of any erroneous pathological views of the disease, but merely simple statements of facts; which all those who have had opportunities of seeing those cases, must readily admit. Little responsibility can attach to the surgeon, for not discovering a disease of which the patient is unconscious, while great blame falls on the medical practitioner, who overlooks indications, which ought to guide his way. Unfortunately, there are but too frequent occasions (even when the difficulty of diagnosis has been surmounted) where the resources of our art fail us. We are not to conclude, however, that in these obscure cases, it is "erring on the safe side," to treat all diseases simulating psoas abscess, by means suited to subdue acute phlegmon; nor are we warranted, while "*the patient seems to enjoy his usual health, and there is nothing in his outward appearance to indicate the commencement, or even existence, of a malady,*" to subject him to treatment for an undiscovered or unsuspected disease, should it even become formidable in its results. Nor are we excusable in adopting "the usual routine of some practitioners, who, without giving themselves the trouble of thinking, enquiring or explaining into all the symptoms, seize some one of them, give it a name, and *treat it according to the most approved methods described in books.*" To this we may also add, that a whole group of symptoms *may be mistaken by an ignorant or by a "routine practitioner,"* and not only a *wrong name* given to the disease, but a still greater error may be committed in the treatment. Abecesses in the iliac fossa are not only wholly distinct from psoas or lumbar abscess, but they are also essentially different in their diagnosis, prognosis and treatment; we ought, therefore, carefully to avoid a mis-application of name, which would either involve the imputation of

ignorance, or the desire of being supposed more successful in our treatment of a disease, which, in the hands of others, has generally terminated fatally; while we had merely the charge of a much more manageable case, and one of less danger. There are some points in the above case which would afford subjects of comment. I abstain, however, from touching on them, as there appears to have been a difference of opinion, as to the diagnosis; it would be desirable, therefore, that both sides should be heard, before an opinion can be fairly formed. I do not, however, deem it an interference, to notice the quotations which are adduced in support of the opinions of the author.

First, I would draw your attention to that from the justly celebrated Dupuytren, which, I presume, is given, *as if it were the opinion* of that eminent Surgeon: "That psoas, or lumbar abscess, in *many instances, if not generally, is dependent upon an affection of the cœcum.*" But I am unable to discover in the long quotation which follows, (and to which I refer you,) *one word in support of the author's views, or at all applicable to the point.* That abscesses occasionally form in the cellular tissue of the iliac fossa, in the vicinity of the cœcum, "the peculiar symptoms of which disease, (according to Dupuytren, as quoted by the author,) are the fixity of pain in a very limited point in the iliac fossa, and the tumefaction of this point;" and that causes, in connection with that peculiarly constructed bowel, are capable of inducing inflammation, and even abscess, in its neighbourhood, is well known to all of us. We have, however, yet to learn, that the affections have been looked upon, or termed, as synonomous with "psoas or lumbar abscess:" A quotation, equally inappropriate, is taken from Dr. Elliotson's lectures in support of the following observation of the author: "The complaint, in almost every instance, is not marked by any prominent symptoms. *The patient seems to enjoy his usual health, and there is nothing in his outward appearance to indicate the commencement, or even existence, of a malady.*" Dr. Elliotson's notice of this *undiscoverable* malady, is, that "these cases are often mistaken for rheumatism, and it is not an easy matter to make the distinction in the first instance," And further on he says, he frequently "put them down as lumbago, when the case turned out to be one of psoas abscess; *he could make no impression on the disease; the patient has gradually sunk, until at last he has died*; and on autopsy a collection of matter has been found." The inapplicability of this illustration of the learned and candid professor, (however characteristic of lumbar abscess,) needs little comment; he scarcely could have termed it either "rheumatism or lumbago," without some of the usual lumbar pains, and other indications, that the patient *was not* in the "enjoyment of his usual health." The author would do well to compare the diagnostic symptoms he quotes from the two cele-

brated writers, and try if *he can* discover any similarity or analogy between them. He will find that they have been describing *two very different and distinct diseases*, and therefore they have not used one expression at all similar or in common. Inappropriate quotations can never tend to support any position: they are not only useless, but are *unfair*, and are therefore better omitted. The learned author might easily have found authorities in support of the obscure and insidious nature of this disease, and the occasional difficulty of discovering it; but I apprehend he will find few in support of his misnomer, or of his position, that iliac abscesses, or irritations and inflammations about the cœcum, are either frequent or even occasional "causes of lumbar or psoas abscess," or that this disease, even when early discovered, can be *frequently* or *easily cured.*

Your obedient servant,

M. D.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

GENTLEMEN,—In reference to a case lately published in the Medical Gazette, entitled "Lumbar or psoas abscess," I would feel obliged if you could point out to me any authorities, in support of certain positions, maintained by some members of our profession in this city; as I must confess they are not such as I am disposed to coincide with, nor are they, in my opinion, in any way in accordance with the generally expressed views of the profession, as far as I am acquainted with them.

In the first place, I would wish to know by what authority an abscess in the *iliac fossa*, of cœcal or perecœcal inflammation, whether arising from an impacted state of the bowels, or otherwise, *and unconnected with disease of the vertebral column, or of the psoas muscle*, is entitled "psoas or lumbar abscess"?

2ndly, Where is there a case recorded, of the matter of an abscess formed in the iliac fossa, (as above described) making its way, contrary to the laws of gravity, over the crest of the ilium, and then passing down on the dorsum of that bone, and there being discharged?

3rdly, Among the numerous authors who have written on "psoas or lumbar abscess," who has recommended *general blood-letting*, as a remedy for that disease, *after the formation of matter*, or the lancet, for any other object than the evacuation of the abscess, after it is ascertained to exist?

I am, Gentlemen,

Your obedient servant,

A SUBSCRIBER.

LUNATIC ASYLUMS IN THE UNITED STATES.

Maine Insane Hospital, opened in 1840—Number of Patients,* 68; admitted in 1843, 82; recoveries, 31; deaths, 4.

New Hampshire Asylum for the Insane, opened 28th October, 1842—Number of Patients, 1st June, 1844, 70. Admitted during the year, 104; recoveries, 37; deaths, 5.

Vermont Asylum for the Insane—Number of Patients,* 136.—Admitted in 1843, 111; recoveries, 51, deaths, 11.

M'Lean Asylum for the Insane, Mass.—Number of Patients,* 134. Admitted in 1843, 127; recoveries, 63; deaths, 18.

State Lunatic Asylum, Mass.—Number of Patients,* 255. Admitted in 1843, 220; recoveries, 116; deaths, 22.

Boston Lunatic Asylum, Mass.—Number of Patients,* 108. Admitted in 1842, 40; recoveries, 22; deaths, 9.

Connecticut Retreat for the Insane—Number of Patients, 1st April, 1843, 89. Admitted during the year, 82; recoveries 45; deaths, 7.

Bloomingdale Asylum, New York—Number of Patients, 1st January, 1844, 100. Admitted during the year, 85; recoveries, 49; deaths, 14.

New York City Lunatic Asylum—From the 10th June, 1839, to the 20th September, 1842, admitted, 1033; deaths in the same period, 211.

New York State Lunatic Asylum, Utica, opened 16th January, 1843—Admitted up to the present time, 18th March, 433; recoveries, 123; died, 13; present number, 244.

Hudson Private Lunatic Asylum—Number of Patients,* 28; discharged in the past year, 19; recoveries, 6; death, 1.

City of N. Y. Private Lunatic Asylum, has admitted for several years from 10 to 20 patients.

Pennsylvania Hospital for the Insane—Number of Patients,*132; admitted during the year, 140; recoveries, 68; deaths, 17.

The Friend's Asylum, near Philadelphia—Number of Patients,* 52; admitted during the year 42; recoveries, 17; deaths 4.

Philadelphia Hospital, Department for Female Lunatics—On the 1st of January, 1844, number of Patients, 101; admitted during the year, 130; discharged during the year, 72; deaths, 14.

Maryland Hospital, Baltimore—Number of Patients, 81*; admitted during the year, 62; recoveries, 45; deaths, 8.

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* We presume at the date of the report.—E. M. G.

Virginia, Eastern Lunatic Asylum—Number of Patients,* 109; admitted dursng the year, 42; deaths, 14; cures in two years, 24.

Western Lunatic Asylum—Number of Patients, 119; admitted during the year, 46; recoveries, 23; deaths, 7.

South Carolina—In 1837 from 50 to 60 Patients were accommodated in the State Institution.

Kentucky Lunatic Asylum—Number of Patients on the 1st January, 1842, 152; admitted during the year, 72; recoveries, 27; deaths, 28.

Ohio Lunatic Asylum—Nnmber of Patients, 148; admitted last year, 65; recoveries, 38; deaths, 4. Additions are now making, by which this Institution will be able to accommodate 350 Patients.

Tennessee Lunatic Asylum—Richly endowed by the State and capable of accommodating 100 Patients.—*American Journal of Insanity.*

Besides several other reports which were not in the possession of the learned Editors of the work from which we transcribe.—E. M. G.

RECAPITULATION.

Number of Patients now in the Lunatic Asylums of the United States	2,561
Number of admissions the last year	1,926
Recoveries during the year	845
Deaths, including 98 said to have died at Blackwell's Island	294

THE MONTREAL MEDICAL GAZETTE.

Omnes artes, quæ ad humanitatem pertinent, habent quoddam commune vinculum, et quasi cognatione quadam inter se continentur.—*Cicero.*

MONTREAL, AUGUST 1, 1844.

In our number of this month will be found an advertisement of the Medical Department of the University of New York: a school which has in a very few years attained a celebrity unrivalled on this Continent; indeed. from our personal and historical acquaintance with its Professors, we must have anticipated that in the race of medical competition, such an array of talent would have outstripped

all others. The pupils of this school have been fast increasing—if we remember rightly, no fewer than 90 Graduated in last March—and we see that on the celebration of the Eleventh Anniversary Day, held the 2d July, the Honorary Degree of M. D. was conferred on four gentlemen: with such encouragement, with the fostering care of the Legislature of the State, which has voted in perpetuity $3,000 per annum, towards its expences, with a Museum enriched by the donations of Dr. Mott and others, now numbering upwards of 4,000 wet and dry preparations; this must ere long become the very first College of Medicine on this Continent. While on the subject we may notice, that the Certificates of the College of Medicine in this city will be recognised by the University of New York, and that Students with proper qualifications and Certificates, "will be received with kindness and treated with liberality."

We cannot, we apprehend, form a more accurate estimate of the character of a people by any data, than by the number, magnificence, and good internal arrangements, of its charitable Institutions.

While it has been generally asserted of the people of the United States, that their whole attention and energies are devoted to trade and chimerical speculations, we have nevertheless ample proofs afforded to us, that while their anxiety for themselves and their families does justly absorb much of their consideration, yet they gladly and heartily join in those schemes, the tendency of which is to alleviate human suffering, or to ameliorate the condition of those of their fellow creatures, whom, by the will of Providence, it becomes necessary to remove for a time from the more active scenes of life or whose cases imperatively call for public protection. We allude to that unfortunate, but rapidly increasing portion of mankind, laboring under diseases of the Brain, in the form of Insanity.

While we feel sincerely happy, in offering this honorable tribute to individuals, it becomes doubly gratifying to us to be able to award the same measure of praise to the respective governments of that enterprising and increasing Commonwealth. No sooner is the necessity proved to exist for the establishment of an Asylum in any

of the States of the Union, and more especially, in cases where from this supposed necessity, a bequest, however inadequate to the object, has been already made, or a donation placed in trust, than the Government takes the matter up, and, by its munificence, an Institution is not only completely organised and set to work, but its future operations are secured by a yearly grant from the State Treasury. Let any of our readers in Canada refer to the long list of Lunatic Asylums, which our present number contains, and say, whether they do not reflect the highest credit on our neighbours: and what is the result of this liberality? The delightful certainty that the treatment of this class of patients in the United States, is little, if at all, less successful on the average, than in Great Britain, or indeed in all Europe.

If we may form an opinion of the American Institutions of this description generally, from what we know and have seen of that noble Asylum near Boston, (we mean the M'Lean Asylum,) under the able management of Drs. Bell and Booth, we can feel no hesitation whatever in declaring, that they are fully equal to any of the splendid institutions of the same kind which we have seen in Great Britain or France.

Our mind lingers on the contemplation of this subject with peculiar interest aud delight, when we compare the opportunities afforded, and the means employed for the management and care of the Insane in the United States, with what it is at present in this country.

What can be the opinion formed by really benevolent persons, or even by those casual strangers whose minds are rightly constituted, and whose hearts are attuned to the woes of their fellow-men, when on visiting this country, they are informed, that there exists not a single Asylum in its whole length or breadth. We repeat it, there exists not a single Lunatic Asylum in Canada. But is it really so? Can this be the case? Alas! it is *too* true. Let us take a review of the receptacles for the Insane in Canada, for we must protest against the title of Asylums being applied to them; and first of Quebec. In answer to enquiries made of a very intelligent corres-

pondent of that city, we learn, "that a portion of the General Hospital is devoted to the reception of Lunatics, that it can accommodate sixteen patients, that it is now *full*, and there are nearly *eighty* others waiting for admission as soon as they can be accommodated; it is under the superintendance of four" (we presume unpaid) "commissioners, and the expenses are met by a grant from the Legislature." Our correspondent adds, "It is a perfect hovel, better calculated for keeping a number of mad oxen than human beings, having *little or no yard*," open grounds, we suppose, would be quite a superfluity, "and as badly constructed and filthy as can well be conceived." How is it at Three Rivers? Those poor creatures who, we presume, have committed breaches of the peace, are sent to the common gaol of the town, while many are left to be a burthen upon their friends, or perhaps, the objects of ridicule in many of the villages round about; and what shall we say of this fair city of ours, the capital of United Canada, a city becoming remarkable among strangers for the magnificence of its buildings, both public and private, and the enterprise and charitable disposition of whose inhabitants have become the theme for commendation beyond the limits of the wide Atlantic? Where is our Lunatic Asylum? Where shall we visit those sad but thrice interesting objects, towards whom our Saviour's compassion was so often and so strikingly manifested. Echo replies, Where is it? Go to the common gaol of this city, and there, in the female department, you will find them huddled together by threes in the same cell, and at night made to sleep in the narrow passages which separate the miserable cells on either side. Of receptacles in Canada West, we hear that there is but one at Toronto, and from the account given to us lately by a gentleman, well qualified to offer an opinion, we are informed, that ours is a Paradise to it. Such being the actual condition of things in this country, how can we be surprised to hear, that "the cases donot admit of being classified," and that the treatment adopted stands but little chance comparatively of being beneficial. Truly did the Commissioners, in their address to His Excellency the Governor General, on the occasion of his first visit

to Montreal, last summer, state—"That the voice of the country was raised against a persistence of this state of things." We are perfectly well aware of the feelings of the noble minded and generous individual, who at present rules over the destinies of this Province, on this particular point; but we are also aware, that there are great difficulties to be surmounted before this object is likely to be attained. Will it be believed, and we pledge ourselves to the truth of this statement, that at this moment, there are several inhabitants and *natives* of this Province, inmates, as paupers, in the Asylums of the United States! That this is a disgrace to our country is the very mildest expression we can use in reference to this subject.

In consequence of the number and length of original communications forwarded to us for insertion in our previous numbers, we have been unable to furnish our readers with as many extracts from contemporary journals as we had proposed to do; however, in the present number, we trust, that we shall be considered to have made the amende honorable, and this must be our explanation for the non-appearance of more original matter this month. While on this subject, we feel bound to explain to our French Canadian confrères, that it has been owing to some mismanagement on the part of the Agents of Messrs. Fabre and Co., of this city, either in London or Paris, that we have not had it in our power to cater for them from the French periodicals. We gave the order in April last; the works are daily expected.

We have much satisfaction in stating, that His Excellency the Governor General has been pleased not only to express his entire approval of the objects contemplated by the originators of the Self-Supporting Dispensary of this city, but to signify his desire to become the Patron of that Institution, and this was coupled with the request that he might be permitted to evince substantial proofs of his good opinion, whenever the necessity arose for contributing to its funds.

It is with deep regret that we record the death of Dr. William Robertson, which took place at his residence in Great St. James Street. For some months previously to his decease, Dr. Robertson had been a sufferer—latterly manifest indications of sinking appeared, and forty-eight hours before the end of his days, the powers of nature rapidly becoming exhausted, he expired on the night of the 18th July.

Dr. Robertson was a native of Perthshire, Scotland: he volunteered at a tender age into a fencible regiment, raised at the period of the disturbances in Ireland, towards the end of the last century, in which country he served for some time. On his return to Scotland he commenced the study of Medicine in Edinburgh, where he passed his examinations with credit; and, almost without any delay, was appointed Assistant Surgeon to the 49th Regiment, which he joined at Cape Breton Island in 1806; in which and the adjacent Province he did duty till the commencement of the war in 1812; he then accompanied his Regiment to the Niagara frontier, and was present at the storming of Fort Niagara. At the declaration of peace in 1815, he retired on half pay, and settled as a practitioner in this city, and for a term of nearly eight and twenty years, he was one of the first physicians in this country.

Dr. Robertson was known to the greater number of our readers, and we say not too much, when we assert that he was eminently endowed with many of the sterling qualities which tend to confer at once a usefulness and a blessing on Society. He was gifted with great powers of intellect, which were much increased by an indefatigable industry and an assiduous culture rarely equalled: indeed his systematic character, his unremitting study, in the midst of an extensive practice, would serve as models of instruction and encouragement to all who are anxious of following in the path leading to knowledge and wisdom. The fruits of such discipline attained perfect maturity. In the several social conditions of man's life he stood pre-eminent; in him with quick sensibility were joined great forbearance of temper and benevolence of disposition; delighting in the friendly communion of his confrères, invariably, scrupulously attentive to their claims, he was esteemed by all members of the profession, of which he was the chief ornament in Canada: the whole moral man crowned by a high and deep toned sense of rectitude and principle. In his practice he was ever active, energetic, fertile in expedients and most successful; not only Physician,

but frequently nurse and friend—not an alarmist; his was, as often as might be, the "primrose path," but never that of "dalliance;" in the treatment of his patients, he was as cheering and comforting by his conversation as he was fortunate in his practice. Nor were his exertions purely directed towards acquiring a competence; the poor and friendless shared equally with the wealthy his time, and participated in the benefits of his experience. Well do we remember his surgery at stated hours presenting the appearance of a dispensary—himself prescribing with the care and conscientiousness of paid skill. Dr. Robertson was one of that faithful band of pioneers, who, after great toil, and after surmounting constant difficulties, succeeded in establishing a General Hospital in 1820, and two years afterwards he was one of the originators of the first School of Medicine in Canada, which is now incorporated with M'Gill College. To these institutions he for many years devoted much of his time: he was Professor, at the period of his death, of the Theory and Practice of Medicine; to which chair he was appointed in 1833 on the death of Dr. Caldwell: previously to which he lectured on Midwifery and the Diseases of Women and Children; in both capacities he was respected and beloved by the students, to whom the stores of his mind were at all times freely and almost gratuitously bestowed.

As an operator, Dr. Robertson was far above mediocrity; we have repeatedly witnessed him enact his part with skill: there may have been some who surpassed him in the rapidity and dexterity of their movements but not one was there superior in soundness of judgment or in firmness of hand.

In politics, Dr. Robertson always was a Conservative—some deemed him a Tory; be this as it may, he was one of the most liberal and enlightened of this class, and in the change of opinions, and in the turmoil of the times, his character, endued with the warmest virtues—with the pure sentiments of honour and humanity—his temperament blessed with gentle manners, an unaffectedly cheerful, nay playful disposition—could not fail to screen him from the attacks of those to whom it might be presupposed, he was placed in antagonism.

Dr. Robertson was born on the 15th March, 1784, and had therefore completed his 60th year.

We have thus added our testimony to that of many others, in summing up briefly this obituary. The task has been rendered less painful, by the certainty that not one could have breathed a word tending to sully so bright a fame. Would that our monument were "œre perennius."

We are very happy to find space for two letters signed "M. D," and "A Subscriber," in reference to the case published by Dr. Carter in our May number, and continued in those of June and July. We have received a communication on the subject which must be postponed until next month, which we feel sure will be read with interest by our Subscribers, both from the dispassionate manner in which both sides of the question are argued, in a purely professional point of view, and also, from the care, with which it is evident to us, that the case has been analyzed. For ourselves, we can only say, that it has been with regret that we have perused the communications which have been published in another Journal in reference to this case, and we regret the more the occurrence of any circumstances which should have rendered such communications necessary. In inserting Dr. C.'s communication in our former numbers, it was done with a view to knowing both sides of the question; in inserting the two letters above referred to, we do it with a view of eliciting a calm and profit promising discussion of the case. We are quite prepared to answer the questions contained in "A Subscriber's" letter, but we purposely delay doing so.

We beg to acknowledge the receipt of the New York Journal of Medicine, edited by Samuel Forry, M. D., and of the Journal of Insanity, edited by Samuel Brigham, M. D., and the other gentlemen under whose charge the asylum at Utica is placed. The former is ably conducted, and contains original papers as well as judiciously selected extracts from foreign periodicals of its class; among which we particularly noticed, an analysis of the "Fifth Registration of England," by Mr. Farr.

The Journal is published every two months—or bi-monthly. By the bye, we see some discussion as to the meaning of bi-weekly and bi-monthly. We conceive the view of the Editor to be the correct one. Bi-weekly does not mean twice a week, but every fortnight—by semi-weekly however is understood twice a week, so with the other term; semi-monthly would unquestionably have given the idea entertained by the correspondent who complains.

REPORT OF THE MONTREAL LUNATIC ASYLUM.

Total number of Patients admitted since the Asylum was opened, November 1, 1839, to June 30, 1844, being a period of four years and eight months:

Males,.....105 } 186.
Females,..... 81 }

Of whom were

Canadians,	Males,...27.	Females,...16.	Total,...43.
Irish,	Do. ...40.	Do. ...40.	Do. ...80.
Scotch,	Do. ...25.	Do. ...17.	Do. ...42.
English,	Do. ...10.	Do. ... 7.	Do. ...17.
United States,	Do. ... 2.	Do. ... 1.	Do. ... 3.
Welch,	Do. ... 1.	Do. .. 0.	Do. ... 1.

Grand Total,..186.

	CURED.		IMPROVED.		DIED.		REMAINING.	
	M.	F.	M.	F.	M.	F.	M.	F.
Canadians,.....	12	7	8	3	3	2	4	4
Irish, ...	22	17	3	7	10	4	5	12
Scotch, ...	15	6	2	2	4	2	4	6
English,.....	4	4	0	0	3	2	3	1
United States,...	2	1	0	0	0	0	0	0
Welch,.....	0	0	0	0	0	0	1	0
	55	35	13	12	20	10	17	23

The report of the expenditure is incomplete; an idea may be formed of this important matter, in this as in all public Institutions, by the subjoined statement for three complete years:

January 1, 1841, to December 31, 1841,			£859	1 0
Do.	1842,	do. 1842,	984	0 2
Do.	1843,	do. 1843,	950	1 3
			£2793	2 5

This includes Clothing, meals for 46; Physician's and Superintendents' salaries and servants' wages,—in fact all expenses.

THE JOURNAL OF INSANITY.—Its first number reflects great credit on its originators. We would not be surprised in seeing other institutions follow the example, and this independently of the annual report; these last, undoubtedly useful in many respects, are insufficient in a medical point of view. We trust that the attempt will be as successful as it is praiseworthy; the paper is published quarterly. We offer our thanks to the gentlemen of both Journals for their attention in forwarding us their numbers—we can but reciprocate, and that with gratitude.

A New Mode of relieving Prolapsus Ani.—By A. Robert.—The author having stated the most powerful cause of procidentia ani to be the paralysis or relaxation of the sphincter, and having enumerated the modes hitherto adopted of relieving the affection, thus proceeds:

"It is easy to observe that if these modes of treatment differ among themselves, they have one common result, that of forming, either above or below the sphincter, a wound, either with or without loss of substance, which in suppurating and cicatrizing contracts the anus, and determines a more intimate union of the intestine or the skin with the subjacent parts. In ordinary cases this cicatrix resists sufficiently well, because it receives a solid support in the sphincter ani, which has lost little of its contractile power. But if this muscle is itself affected with extreme relaxation, whether primary, or the result of the long and excessive distension which it has been submitted to by the tumor, it is easy to foresee, that the cicatrix, being no longer supported, will become extended, and the prolapsus reproduced."

Mr. Robert next relates a very bad case of prolapsus ani of considerable duration occurring in a washerwoman, as an example of his mode of relieving the affection. He made two incisions at the posterior border of the anus, in the form of a V, the apex meeting at the coccyx, and, having removed a corresponding portion of the sphincter, he united the parts by the suture, the threads of which were removed on the 6th day. On the 15th day (constipation having been induced by abstinence and opiates) fæcal matters were removed by a scoop, and on the 18th day the woman had a natural stool without the reproduction of her infirmity. She became eventually completely cured.

Mémoires de l'Académie Royale de Médicine.

An Efficacious means of relieving Hæmorrhage, occurring after the Lateral Operation for the Stone.—By M. Begin.—The only means of any efficacy employed hitherto against this formidable and not unfre-

quently fatal occurrence are the ligature and torsion, for compression can seldom be borne long enough, or properly adapted to the site of the hæmorrhage. The inability of detecting the bleeding vessel has also repeatedly rendered both the ligature and torsion unavailable. The author recommends, having practised it with success, the constant and copious *irrigation* of the parts with cold water. Of the two cases he narrates, in the first this was accomplished by means of the ordinary lavement syringes, employed vigorously by the pupils of the hospital—one constantly filling, while the other was working. The surface of the wound and all the neighbouring parts were in this way freely played upon for some hours without intermission. In the other case, an apparatus was contrived to admit of a constant current of water being directed upon the parts. In both, most complete success attended the practice, although the patients were reduced to an almost hopeless state prior to its institution. The irrigation seemed also to produce a very sedative effect, and was not followed by any re-action of an inflammatory character. The apparatus required is simply a caoutchouc tube and elastic canula, the patient being brought to the edge of the bed during its use.

M. Begin suggests the extension of this mode of treatment to some of the varieties of uterine hæmorrhage.

Op: Citat.

HOW TO MAKE LEECHES BITE.

The leech which it is intended to apply is to be thrown into a saucer containing fresh beer, and is to be left there till it begins to be quite lively. When it has moved about in the vessel for a few moments, it is to be quickly taken out and applied. This method will rarely disappoint expectation, and even dull leeches, and those which have been used not long before, will do their duty. It will be seen with astonishment how quickly they bite.—*Weitenweber's Beitr.*, and *Schmidts' Jahrb.*

THE BRODIE MEDAL.

A very handsome bronze medal has just been executed, having on one side a most excellent likeness of Sir Benjamin Brodie, while on the reverse is a female figure feeding the lamp of science. Beside the former appears merely the word BRODIE: the latter has round the circumference the following sentence;—*E tenebris tantis tam clarum extollere lumen qui potuisti:* and beneath—CONSOCII ET DISCIPULI GRATULANTES. MDCCCXLI.

Inversion of the Uterus.—This may be complete or incomplete; and in these cases in which complete inversion has been thought to occur some time after delivery, it probably had existed in an incomplete manner from the beginning. As dilatation and softening of the uterine walls, are only required for its production, it is found not only after delivery, but also in women who have never borne chtldren—*e. g.*—after the sudden removal of a polypus from the fundus uteri; and the affection may be produced, not only by traction, but by the compression of the upper portion of the enfeebled walls of the uterus, by the weight of the intestines, and the contraction of the abdominal muscles.

It is surprising how little suffering an affection, usually so formidable, produces in some cases. The author relates the case of an old woman who died of bronchitis in the Salpêtrière, and upon the examination of whose body most complete inversion of the uterus was found. Convalescent from a former attack, she had been under observation a considerable time prior to the fatal seizure of bronchitis, and was observed to be very active in her habits, regular in most of her functions and manifesting no one symptom whatever of uterine derangement, and the inversion was discoeéred after death, as it were, by accident. As a general rule, however, those women who do not perish forthwith, drag out a miserable existence. M. Lisfranc does not believe in the authenticity of those cases, in which the uterus is said to have been reduced spontaneously or by art, at the expiration of days, weeks, or even months after the inversion has occurred.

M. Lisfranc's Surgical Clinique.

Hydrometra, or Dropsy of the Womb.—This is a rare affection, generally occurring during gestation. Sometimes the fluid escapes in small quantities by degrees, and, more rarely, the whole disappears at once, to be shortly reproduced. The affection does not seem one that is immediately dangerous in itself, especially if the fluid escape from time to time; but the debility, and bad constitution of the subjects of it, and the organic changes in the womb or other viscera, which produce the affection, may give rise to serious cause of alarm. Occasionally the fluid is removed at the third or fourth month of pregnancy, and is not reproduced; or it may finally disappear during delivery. In treating this disease we must look upon it merely as a mere symptom of some uterine affection. But there are cases where the presence of the fluid neutralizes the means adopted, and, if the symptoms are urgent, it must be evacuated. The use of violent aperients, the injection of substances into the womb, the employment of local or hip baths, and all similar means, tending to produce congestion of the uterus, must be interdicted. Secale cornutum, which has been recommended, has in

some cases led to fatal inflammation. When the patient is not too feeble, and congestion exists, revulsive bleeding, general warm baths of bran water, emollient injections, moderated exercise, and careful diet, are appropriate means. While inflammation is present, we should not empty the cavity, unless some urgent symptom exist, when the finger or a catheter may be introduced into the os uteri.

Op. Citat.

Cream of Taraxacum.—Dr. Collier recommends the following mode of preparing and prescribing this remedy:

Cut the fresh roots of dandelion, freed from any adherent earthy matter (previously washed and slightly scraped) into transverse slices. Sprinkle any quantity of these, while moist, slightly with spirit of juniper, and express them in a tincture-press. The cream thus expressed will keep any reasonable time for the purposes of the practitioner in the hottest weather. The dose, a tablespoonful, or more, twice or thrice a-day, will probably produce two or more diurnal biliary evacuations.

It may be diluted, and put up in the form of draughts, with any of the diuretic waters or infusion, or with a solution of cream of tartar. The great objection to its use will be that it costs nothing, and may be made by every one, without pharmaceutical mystery or expense.

Lancet, Sept. 16, 1843, *and Braithwaite's Retrospect.*

Liquor Taraxaci.—Earland recommends the following formula for this preparation, taken from the Annals of Chemistry: "Dandelion roots, perfectly clean, dried and sliced, oz. xij. Infuse for twenty-four hours in a sufficient quantity of distilled water to cover them. Press and set aside that the fecula may subside; decant and heat the clear liquor to 180 Fahr., filter the liquid whilst hot, and evaporate spontaneously until the product weighs 14 ounces. To this add 4 ounces of rectified spirit. If properly prepared, it resembles in colour pale sherry.

Pharm. Journal, June 1, 1843, *and Braithwaite's Retrospect.*

We very strongly recommend these preparations to the serious consideration of the Profession in this country, for two reasons:—1st. Our entire confidence, after long experience, in the efficacy of Taraxacum in chronic affections of the liver; and, 2ndly, from the difficulty (at least we have experienced it) of obtaining the Ext. Tarax. of the Pharmacopœias in this city, probably from its never

having been used to that extent to which it is so justly entitled.—(E. M. G.)

New preparation of Quinine.—Dr. Kingdon, of Exeter, having felt the utility in practice of quinine as a tonic, in cases in which a stimulus to the absorbents also was indicated, has recently succeeded in combining the qualities of these two classes of medicines in an iodide and biniodide of quinia. His iodide of quinine is formed by dissolving equal weights of the disulphate of quinine and iodide of potassium in boiling distilled water, and allowing the mixture to cool, when beautiful fasciculi of needle-shaped crystals are deposited, insoluble in cold water, but soluble in alcohol. The biniodide of quinine is prepared by mixing twice the weight of iodide of potassium with the disulphate of quinine in boiling distilled water, evaporating to one-third in a sand-bath, and allowing the residue to cool, when a resinous substance is deposited of a light straw colour, which, by exposure to the air, becomes darker and of a greenish hue, not crystallisable, sparingly soluble in boiling water, readily soluble in alcohol, and then not precipitated when mixed with water. This preparation he has given in several cases of scrofulous enlargement of the glands with very great benefit. In the case of a child, between tnree and four years of age, when the glands of the neck were in a state of suppuration, half a grain twice a-day was given, and at the end of six weeks the swellings were entirely removed, and the general health much improved.

London Medical Times, July 29, 1843.

Allusion was made to this preparation in the 1st No. of the Montreal Medical Gazette, and its use recommended by our friend Dr. Spence. It is a singular coincidence that the utility of this preparation was announced in England and to several Practitioners in Canada, just about the same time, and we will take upon ourselves to say, as regards the notice of it by our able friend, Dr. S., that he introduced the remedy into Canada, without any previous knowledge of its employment in England. This we feel quite warranted in asserting, both from our intimate knowledge of our friend's character, and the modest and unostentatious manner in which he first gave to his professional friends in this City, the result of his own pharmaceutical operations.—E. M. G.

Abscess of the Tongue. By Dr. Moller.—A locksmith applied for advice regarding a swelling under the chin, with violent

pain at the root of the tongue, almost wholly preventing deglutition. Upon examination a large tumour was found in the tongue, that nearly filled the entire cavity of the mouth: it was dark colored, and fluctuating. There was no time to lose. A bistoury armed with linen to near its point was plunged into the swelling, whereby a great quantity of thin pus was evacuated, and the patient straightway relieved. The wound healed in eight days. The tumour under the chin was treated in the same way. The patient was 60 years old, and of phthisical habit, a circumstance in accordance with what certain writers have advanced, namely, that phthisical individuals are more especially prone to this rare kind of abscess.

Boston Medical and Surgical Journal and Oppenheim's Zeitzchrift.

Therapeutical powers of Iodide of Potassium. In a communication to the *Provincial Medical Journal*, April 24th, Dr. Oke gives the results of an extended therapeutical experience of the iodide of potassium. He had not found it of any service in cases of abdominal tumor, scirrhous induration, or ulcerated cancer, lupus, indurated glands, scrofulous ulceration, affections of the lungs, enlargement of the liver, ascites, or encysted dropsy. The diseases in which he had found the medicine useful, on the contrary, were phagædenic ulceration, disease of the periostium, and Chronic rheumatism.

Boston Med. and Surg. Journal, and London Med. Gazette.

Education of Idiots and Imbeciles.—At a late session of the Academy of Sciences, at Paris, M. Pariset, in the name of M. M. Serres, Flourens and Ausiere made a report on the Memoire of M. Sequin, relative to a method of education proper for young idiots and imbeciles.

According to this report, M. Sequin has taught them to read and write, and given them some notions of arithmetic and geometry; and by thus cultivating their minds, has made them more orderly and gentle, and they have also become more robust and healthy.

We rejoice at this attempt of M. Sequin. This class of our fellow creatures have been too long neglected. Because a youth has but little mind, instead of that little being neglected, as it usually is, the greater pains should be taken to improve it. By increased efforts in this respect, we have no doubt but many that would otherwise ever

remain imbeciles, might be made to hold not a degraded rank among intellectual beings, and their moral qualities might also be greatly improved.

Something of this neglect has too long existed in respect to many of the insane, and we wish to embrace every opportunity to direct attention to the importance of attempting to restore the deranged mental faculties, and preventing their entire loss, by systematic efforts to cultivate them.

Journal of Insanity.

On some preparations of Balsam of Copaiva. By Mr. Jacob Bell.—Among several preparations of this medicine, Mr. Bell mentions the following.

When balsam of copaiva is boiled with liquor potassæ, the mixture separates into two portions, a white oily substance or emulsion, which floats on a yellowish clear liquid. After standing for a day or two, the upper stratum becomes quite clear, the potash being thrown down, and the residue consisting of essential oil. The clear liquid is a solution of the resin in combination with potash. When evaporated to dryness, it assumes the character of the soluble resin. Caustic soda may be substituted for potash.

This liquid is supposed to contain the most active and efficacious portion of the balsam. A small quantity of sweet spirit of nitre is added to it in order to increase the effect.

The following proportions have been found to answer very well. A mixture thus prepared is much less nauseous than the balsam; a dessert-spoonful of it may be taken twice or three times a day:

Balsam of copaiva, two parts.
Liquor potassæ (or sodæ), three parts.
Distilled water, seven parts.

Boil for a quarter of an hour, then add

Sweet spirits of nitre, one part.

Allow it to stand a few hours, then draw off the clear liquid by means of an orifice in the lower part of the vessel.

This, the alkaline solution of copaiva, Mr. Bell considers as in some respects the least objectionable of all the preparations which he has named. Being deprived of the essential oil which is generally considered to be the most irritating principle, it is mild in its

action, and it is less nauseous than the other mixtures on account of the perfect union of the alkali with the resin.

Med. Chir. Review and Pharmaceutical Journal.

Iodine Injections in Hydrocele.—The use of the tincture of iodine, more or less diluted, in cases of hydrocele as an injection, in lieu of wine, &c. is becoming more and more generally adopted by the French surgeons. M. Velpeau has recently written a long memoir, strongly recommending it; and we observe that M. Pasquier, surgeon of the Hotel des Invalides in Paris, reports most favourably of its effects. It seldom produces much pain, even when the injection is strong; and, according to the experience of several surgeons, it seldom or never fails in producing the wished-for adhesive inflammation.

The action of the tincture of iodine on the skin appears to be very similar to that of a strong solution of the nitrate of silver; it stimulates the part for a short time, and then soothes irritation and pain. We have seen good effects from applying it daily to the integuments covering scrofulous and other indolent abscesses. Recently it has been recommended as very useful in strumous, and other kinds of ophthalmia, when applied to the outside of the eyelids. It seems to act as a gentle counter-irritant or derivative, in the same manner as the nitrate of silver does.

Op. Citat.

The use of iodine as an injection for the radical cure of Hydrocele, is extremely common in India, where the disease exists to a very great extent; and the proportions are one to two drachms of the tincture of iodine to an ounce of water.—Ed. M. G.

Ferruginous Food.—Under this name, M. Colmel, a Parisian pharmaceutist, has introduced a new mode of administering iron. His method consists in adding to the iron the usual ingredients for forming chocolate paste, and thus produces a ferruginous compound, by which the taste of the metal is concealed.

Gazette des Hospitaux and Braithwaite's Retrospect, Dec. 1843.

Note—We have for several years been in the habit of prescribing the sesquioxide of iron, in the form of a biscuit, to young female patients, whose stomachs at the time could not bear the remedy in bulk—and we have also prescribed the citrate and sulphate of iron in the form of lozenges.—E. M. G.

Treatment of Volvulus.—Mr. Pilcher has recorded a case of volvulus occurring in a child, in which all the remedies commonly employed for the removal of the disease had been unavailingly employed, when he was induced by the recollection of a former case to order thin gruel to be injected by the rectum until the lower intestines had become completely distended, regurgitation being prevented by pressure around the anus. The effect was almost immediate, the obstruction giving way and the patient completely recovering.

Provincial Med. Journal and Op. Citat.

Mistura Ferri Comp.—Mr. Strutton, in the "Chemical Gazette," gives the following formula for the mistura ferri composita, by which its decomposition may be prevented :—

Myrrh, two drachms; carbonate of potash, one drachm; rose water, fifteen and a half ounces; spirits of nutmeg, an ounce; sugar, two ounces. Mix according to the Pharmacopœia and dissolve.

Sulphate of iron, two and a half scruples, dissolved in two and a half ounces of rose water.

When required, add to seven drachms of the first mixture, one drachm of the latter, which saves the trouble of preparing it for every prescription, and is equal to the mixture being fresh made every time it is wanted.

Oper. Citat.

Use of Elder Bark in Chronic Dropsies.—The decoction and extract of this vegetable substance are reported to be remarkably efficacious as hydragogues, producing so speedy an effect on the urinary and fæcal secretions as to make it needless to use more than two or three applications. The proportions for the decoction consist of a couple of handsful of the bark to a quart of water: dose a wine-glassful a-day. The extract is administered in France in the form of pills, of one and a half grain each, of which from six to ten are taken in the twenty-four hours.

Journal de Med. et de Chir. Pratique and Op. Cit.

German Treatment of Engorgements of the Liver and Spleen.—Dr. Schwabe, of Gross-Rudestadt, makes known to us the follow-

ing recipe, which he has employed successfully against the above affections:

R. Belladonna root, powdered, a grain and a half; muriate of quinine, four grains; powdered rhubarb, fifteen grains. Mix for ten powders; one to be taken morning, noon, and night, in any convenient vehicle.

Casper's Journal and Lancet, May, 1843.

Advantages of Medicines in a liquid form.—It has been found that fifteen grains of sulphate of quinine, given in infusion of senna, is more efficacious as a tonic, notwithstanding the purgative quality of the mixture, than twenty-four grains of sulphate of quinine administered in the form of pills. Panizza supposes the causes of this to be that the senna, by promoting the peristaltic action of the alimentary tube, and augmenting the secretion of the bowels, excites the production of a fluid adapted perfectly to dissolve the quinine; and that the quinine, in passing through the intestine in a state of solution, is placed in contact with a much larger extent of surface, and disposed for absorption much more readily than if taken in a solid form.

Panizza in L'Experience and Lancet, Nov. 1843.

Œsophagotomy.—An operation for opening the œsophagus for the purpose of supplying the stomach with food, was performed by Dr. John Watson of this city, on the 12th of February last. The patient was a young gentleman from Massachussetts, who had been for some months laboring under stricture of the œsophagus. For some two months subsequent to the operation, the case gave promise of permanent relief. Subsequently however the disease, which was of a tuberculous nature, extended to the larynx, rendering an opening into the trachea necessary. The patient survived this operation about a week; and he finally died on the 14th of May, of the extension of inflammation to the chest. The present, we believe, is the first instance in which the operation of œsophagotomy has ever been performed for any other purpose than the extraction of foreign substances from the gullet; and it is the fourth authentic case, in which it has been performed for any purpose. For more than three months, all the food that this patient received into his stomach, was supplied by a gum-elastic tube. The exten-

sion of disease to the air passages may be looked upon as incidental; and had it not ensued, there is no reason to doubt that the patient's life might have been preserved.

New York Journal of Medicine, July, 1844.

(We regret much, that the shortness of our stay in New York, on the occasion of a late visit to that city, deprived us of the pleasure of seeing and examining the preparation of the parts referred to in the above article, which we were very kindly invited to do by Dr. Watson. The urbanity and politeness evinced by Drs. Valentine Mott, Revere, and Watson on the occasion, will long be remembered by us with sincere pleasure and thankfulness.—E. M. G.)

Influence of Menstruation on Lactation.—M. Raciborski investigated the influence of menstruation on the milk of nurses, and on the health of the infant in seven women who menstruated while suckling. He could discover no other change in the milk at those periods, than that it contained a smaller quantity of cream; and he concludes that the injurious influence of menstruation on the healtq of the infant has been greatly exaggerated, and that the circumstance of a woman menstruating during lactation is not a sufficient reason for rejecting her as a wet nurse.

Op. Citat. and Brit. and For. Med. Review, April, 1844.

(As healthy children as we ever saw, were four who were nursed by their mother for the usual period, and this woman menstruated regularly from the second month after her accouchement during the whole term of lactation: another singular circumstance connected with this individual was, that she never was aware of her pregnancies before the time of quickening. She was attended in two of her confinements by ourselves.—E. M. G.)

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EXTENSIVE WOUND OF THE KNEE JOINT, WITH DIVISION OF THE PATELLA, AND EXCISION OF A PORTION OF THE INNER CONDYLE OF THE FEMUR; AND PERFECT RECOVERY.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

GENTLEMEN,—I beg to transmit to you an account of a very serious and somewhat novel injury of the knee joint, which perhaps you may deem not unworthy of insertion in your valuable Journal.

J. M., a boy of good constitution, aged eleven years, on the 7th April, 1843, while sitting astride on a low billet of wood, with his knees much bent, received a blow from an axe on the left knee from below upward; the axe first took effect on the lower extremity of the Patella, which it completely *split*, dividing it into an anterior and posterior portion, the inner edge of the instrument next came in contact with the inner condyle of the femur, from which it all but severed a portion of its articulating cartilaginous extremity. I was fortunate enough to see the case a very few minutes after the accident occurred. The limb was extended, and presented a large flap-shaped gaping wound over the knee joint; attached to, and drawn upwards with the upper portion, could be distinctly perceived the anterior section of the Patella, in the centre of the wound the articulating surfaces of the femur and tibia were felt; at the lower part, the remaining or posterior section of the Patella was found *in situ*, being retained by its ligament; while protruding from the inner angle of the wound, and attached only by a

small pedicle of cartilage, was a portion of the inner condyle of the femur, measuring about an inch and a half in length by three quarters of an inch in breadth, and nearly half an inch in thickness; the whole under surface of which was lined by the articulating cartilage, the remainder being composed of the spongy end of the bone. There was no perceptible escape of synovia, the limb having been kept extended from the moment the injury was received. Notwithstanding the alarming nature of the accident, I decided at once to attempt to save the limb. To prevent as much as possible the shock to the system, as well as to relieve pain, I administered immediately a powerful dose of muriate of morphia to the boy; I then removed with the bistoury the protruding portion of the inner condyle, already so nearly separated as not to justify any attempt to replace it, or incur the risk of effusion of blood into the cavity of the joint by bending the leg; the edges of the wound were brought together by four interrupted sutures, with adhesive straps between them. A splint was placed under the joint, and the limb placed extended in a fracture box, and evaporating ice cold lotions constantly applied night and day over the wound; these were continued for eight days, after which period the lotion was applied without the ice for some days longer.—By these means the fever and inflammation were subdued. On the eighth day the first suture was removed, the next day another was taken out, and in two days more I removed the last two. The adhesive plaster was only found necessary till the thirteenth day, the parts beneath being adherent throughout their extent, after which, Liston's red lotion was applied. There was no suppuration or formation of abscesses, so common in severe injuries about the knee joint. On the seventeenth day after the accident, the wound had nearly all cicatrized. In three weeks from the receipt of the injury, the Patella appearing to have united, the splint was removed, and very gentle passive motion of the limb commenced, without causing pain, which was continued and gradually increased every day afterwards for some time, the limb being returned to the fracture box after the motion. On the 5th of May, being the fourth week, the limb was taken out of the box altogether; by the fifth week, the lad was able to go about on crutches, to bear his weight on the wounded leg, and also to raise the leg by the power of its own muscles. At this time the knee joint remained somewhat puffy and swollen—which state was removed by applying the tincture of iodine. On the 15th of May,

the boy could bend the leg backwards to a right angle with the thigh. From this time, the improvement in the motion of the limb was progressive; the patella, though considerably altered in shape, has perfectly united by bone, and its motion is as free as that of the other side. For some months the boy was slightly lame, but at present, he has perfectly recovered the use of the limb in every respect.

I have the honor to be,
Gentlemen,
Your most ob't. servant,
JAS. B. JOHNSTON, M. D.

Sherbrooke, Aug. 10, 1844.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

GENTLEMEN,—A very striking discrepancy having been noticed and commented upon in the evidence given by Dr. Holmes and myself, at the recent Coroner's Inquest, I should feel obliged by your inserting the following communication in the next number of your valuable journal, and remain yours obediently,

WOLFRED NELSON.

Montreal, 26th April, 1844.

Acute Inflammation of the Peritoneum is so fraught with pain, suffering and danger; so rapid in its course, and so often baffles the best efforts of our art, that the recital of JULIEN CHAMPEAU's case cannot be devoid of interest, in a pathological point of view at least. I have placed this case in juxta-position with the symptoms as laid down by the best writers, and as received by the profession all over the world. Every man, even out of the profession, will, from the comparison, be able to judge whether or not this was a case of "intense inflammation," as I felt bound in my evidence to maintain that it was.

On the 17th of April last, 12 A. M., Julien Champeau, æt 28, strong, muscular, plethoric, unmarried; received a bayonet wound about 3½ inches to the left, and about the same distance above the umbilicus; next day, 18th, 1 P.M., was labouring under high fever, some headache, face flushed, eyes

"Dans la péritonite, le ventre devient douloureux, la plus légère pression est insupportable; le malade est forcé de se tenir sur le dos; tension des hypochondres; des nausées, vomissement, et hoquets, le pouls dur, petit, et concentré. Lorsque le sujet est jeune, bien portant et doué d'une

red, respiration quick and painful; tongue covered with a dirty white fur, moist, but accompanied by great thirst. Abdomen extremely painful, distended, could only lie on his back with his legs drawn up; all motion very painful; pulse 120, small, hard, and incompressible; urine scanty and high coloured, no stool since early the previous day.

Was bled to about 24 oz: rather faint; abdomen less tender; to prevent reaction, 10 grs. calomel. Large emollient poultice over the abdomen, on feeling which, I discovered another wound midway between the first and the spine, with much distension of the part. He made no complaint about it, "because it did not pain him much," received it at the same time, as well as a violent blow, from some blunt instrument.

9 P.M. Return of all the violent symptoms; no evacuation of the bowels. Bled about 22 oz., incipient syncope; feels much relieved, cal. 5 grs. aperient and demulcent drinks; has vomited during the afternoon. Ordered a table-spoonful of castor oil every two or three hours, till there is a motion, also enemas of bran tea with oil.

19th, 7 A.M. Passed an indifferent night; abdomen extremely painful, distended. Took about 7 oz. blood, felt faint; thinks he shall soon have a passage, and that he will be well shortly. Several copious and fœtid stools were had an hour afterwards, with much flatus; to continue the calomel, two grains every two hours; aperients and demulcents, &c.

12 Noon. Better; less fever, but the belly painful and distended; always in the same position. Saw him frequently in the afternoon; vomited three or four times, approaching collapse; slight hiccough; ordered mild diffusable stimulants. 10 P.M. Weaker still; cold clammy sweats, hiccough; opium and hyosciamus, camphor, &c. 20th, 7 A.M. Passed a bad night; very weak, cold clammy sweats; countenance much sunken; says he is better; hiccough; stimulants, broth, &c., sinking; all the symptoms of dissolution, progressing; died 1 P.M. 21st.

haute sensibilité, les symptomes sont plus violens."—*Dict. Scien. Med.*, v. 40, p. 502 *et seq.*

"Des péritonites suraiguës terminent d'une manière funeste en 24 ou 48 heures. De toutes les phlegmasies, dit Pinel, celles des membranes sereuses, parcourent le plus rapidement leur periodes."—*Ibid*, v. 41, p. 430.

"In Peritonitis, fever, headache; constriction of the epigastric region, frequent hard concentrated pulse; heat, pain, and tenderness of the abdomen. The patient lies constantly upon his back, knees drawn up, respition frequent. The course of acute Peritonitis is generally rapid and marked by a progressive increase of all the symptoms, features concentrated, covered with a cold sweat. The approach of death marked by cessation of pain, cold clammy sweats, &c. *Cyp. Pract. Med.*, v. 3, p. 292 *et seq.*

"In acute Peritonitis, pulse quick and frequent, urine scanty and high-coloured, considerable thirst, fever, pain and heat in the abdomen. In the course of 24 hours the tenderness is such, that even the weight of the bed clothes becomes intolerable, pulse rises to 120 or 130, tongue covered with mucus, great thirst, tension and swelling of the abdomen; patient remains motionless on his back, knees elevated, also singultus, nausea and vomiting. Previous to death the pain suddenly ceases, pulse sinks, very rapid, the countenance collapses, with cold clammy sweats."—*Good*, vol. 1, p. 504.

"The patient finds much relief by lying on his back, with his knees drawn up, pulse from 120 to 130, tongue moist but great thirst, vomiting, &c." —*Craigie*, vol. 2, p. 171.

"Headache, and sense of tightness around the stomach; the belly becomes painful to the slightest pressure, the patient finds much relief by lying on his back, with his knees drawn up. The hypochondria distended. Hiccough, nausea, vomiting; great anxiety, hurried respiration, &c.—*Dewees*, page 554.

I shall now give the ***Post Mortem*** appearances in the above,

and place them likewise side by side with the appearances discovered after death, as laid down by the best Pathologists of the age, as denoting the existence of previous inflammation of the peritoneum :

21st, 9 A.M. Examined the body externally with Dr. Holmes. Features sunken, with all the evidence of having laboured under protracted collapse. Abdomen rather full, left lumbar region considerably swollen; brown and livid; from the wound there, bubbles of air were constantly escaping, accompanied by a continued oozing of bloody serum.

22d, 1 P.M. The body was examined by Dr. Beaubien; Drs. Holmes, Tavernier, my son and myself present.

The lumbar region as yesterday, but more livid, and there were several vesications in the vicinity of the wound, from which a quantity of bloody sanies has continued to escape; the cuticle came off when touched, leaving the dermoid texture of a dark brown colour. The anterior wound penetrated about 3½ inches in the direction of the posterior wound; the instrument had divided all the muscles except a few fibres of the transversalis, in contact with the peritoneum; the parts were soft and injected, a bloody matter in the course of the wound, which on pressure was easily made to exude. The posterior wound was less deep, had a more perpendicular direction, and did not come so near the peritoneum. The whole vicinity was in a state of decomposition, soft, disorganized, puffy, and distended with bloody matter and serum.

Immediately under the point where the bayonet rested, the peritoneum was ecchymosed about the size of the pulp of the finger; the whole membrane was opaque, of a dull reddish colour; vessels highly injected, even the most minute were evident and turgid; the marks of conjestion and vascularity were more manifest on the left portion; where it was reflected over the pelvis, the vessels were more distinct and engorged; about two-thirds of the lower part of the omentum was of a high rose colour and most beautifully injected. Tne spleen adhered firmly to the left side; the result of former inflammation. Sto-

The celebrated Scoutetten says—"Inflammation of an internal membrane will, in every case, leave marks of increased redness after death." "When the inflammation is fully established, the surface of the peritoneum is dry and shining; as the inflammation advances, the blood-vessels become evident and numerous." "In some cases of peritoneal inflammation the secretion of this membrane is suspended and it becomes dry." "Redness and thickening may be considered as the first effect of peritoneal inflammations."—*Cyclo. Pract. Med.* v. 3., p. 302, *et seq.*

"En general les traces d'inflammation sont d'autant plus marquées que la maladie etait plus avancée, et plus intense. Quelquefois une injection extremement fine et abondante s'est offerte à l'examen." "Bayle, Broussais, et autres ont vu a la suite de la peritonite aigue, la rougeur, l'epaississement de la membrane séreuse et des escarres." "Le défaut d'exudation n'a lieu que dans les premières périodes de l'inflammation, ou les membranes séreuses sont chargées de sang qui empêche la sérosité de suinter de leur surface libre." "Si l'inflammation est intense, le sang arrive avec plus d'abondance dans les vaisseux exhalans et alors l'exhalation est moindre."—*Dict. Scien. Med.*, v. 40, p. 507, *et seq.*

"Les membranes séreuses, ordinairement si blanches et si ténues, deviennent, dans l'etat phlegmasique, épaissies, injectées de sang, d'un rouge plus ou moins foncé."

"Les surfaces séreuses inflammées ne sont presque susceptibles d'aucun gonflement dans les premiers jours de la maladie; elles sont alors sèches, et aucune exhalation ne s'y effectue."—*Ibid.* v. 41, p. 431.

"Ecchymosis not unfrequently takes place when the inflammatory action is very violent."—*Macintosh*, v. 1, p. 22.

"Sometimes the membrane seems as if it were very minutely injected."—*Good*, v. 1, p. 505.

mach at its upper and posterior portion, had the internal vessels highly injected; the mucous coat and vessels easily removed by scratching with the finger-nail. Pleuræ, dull red, and thickened, the left costal portions in particular, very red and suffused with blood. Lungs, large and gorged with blood, more particularly the left. The other viscera normal, or nearly so.

"It is easy to explain why depletion in the first stage of inflammation is useful, in reducing the quantity of blood and preventing the over distention and obstruction of the vessels and the extravasation consequent upon their disrupture." "The exudation of coagulated lymph, &c., indicate a more advanced period of inflammation."—*Cyp. Prac. Med.* v. 2, p. 270, *et seq.*

"It has not been but a short time that the affections of the peritonium have been well understood. We are indebted to Pinel and Bichat for their clear explanations."—*Dewees*, page 552.

"The pathology of peritonitis was not understood till lately; CULLEN was unacquainted with it, and so was Dr. GREGORY, I believe to the latest period of his life."—*Macintosh*, vol. 1, p. 270.

I have been thus particular in my statements, and in producing authorities with regard to this truly unfortunate but interesting case, that no one of ordinary intelligence may mistake it. I maintain then, that CHAMPEAU did labour under "intense inflammation of the Peritoneum;" and I will proceed to quote a few irrefragable authorities, which I presume will be equally convincing, that the subject of this case had received ample cause for producing "intense peritoneal inflammation," which at his time of life, in his plethoric state, and with his predisposition to inflammation, could hardly end otherwise than in death.

The celebrated John Bell, whose work on wounds is, or ought to be, in every surgeon's hands, and who is looked upon as a sure and safe guide in these matters, says in his lectures—"It is incumbent on me to show you how dangerous wounds of the great cavities are, even when the danger appears trifling; if but the point of the bayonet or sword enter into the abdomen, full hardly can that patient escape."

"Wounds of the abdomen are mortal by the inflammations and gangrene they create. The signs of danger are swelling of the belly, intense pain, vomiting, costiveness, hiccough." "We would be ready to pronounce every wound of the abdomen to be a mortal wound." "In one short sentence we announce the general principles of such wounds, in one short and general prognostic we declare them to be fatal." "Inflammation may come on merely from the hurt done to the peritoneum itself." "We find the chief cause of danger to be the tendency of the Peritoneum to inflame, and every in-

flammation, however slight, is apt to extend itself over all the viscera and terminate in gangrene and death. Upon these grounds we cannot but pronounce a wound of the belly to be a mortal wound."

"Death from such a wound is a daily and expected occurrence." —*John Bell on Wounds*, page 233, *et seq.*

"Punctured wounds by a sword or bayonet are infinitely more dangerous than cuts; are often highly dangerous from the effects they produce in the injured parts, or on the constitution generally." —*Castle's Manual*, page 140.

I shall now produce other authority, and it would be very easy to multiply the citations to prove that Peritonitis may be caused by bruises and contusions alone; and the first will be from the best and latest surgical works of modern times. "The Peritoneum being connected by means of cellular substance with the inner surface of the abdominal muscles, there is always some risk of the inflammation of these parts extending to that membrane. What renders the event still more dangerous is, that when one point of the Peritoneum is affected, the inflammation usually spreads with immense rapidity over its whole extent, and too often proves fatal."—*Cooper's Surg. Dict.*, vol. 2, page 490.

"Les causes de la Peritonite sont multipliées qui viennent du dehors, ou qui ont leur source dans l'individu même. Les coups reçus sur les parois du ventre, toute contusion ou commotion générale, plus ou moins prolongée, et dirigée sur le peritoine de manière à y etablir un foyer d'irritation soutenu."—*Dict. Scien. Med.* vol. 40, page 498.

"The mechanical causes of Peritonitis include all injuries on the abdomen by blows, falls, or compression. Extension of inflammation from a contiguous texture or organ to the peritoneum, is a very frequent cause of this affection."—*Cycl. Pract. Med.* v. 3, p. 292.

"It is often the result of contusion of the belly."—*Craigie*, v. 2, page 490.

Sufficient has been advanced, it is fair to suppose, (and wonderfully applicable to poor Champeau's case,) to satisfy the most fastidious, that he had been exposed to abundant cause for the production of the disease which terminated his existence, in pain and in misery, in the flower of life, in all the pride and vigor of manhood, and when he was entertaining the fondest anticipations from a matrimonial connexion upon which he was about to enter. It is true, that he was in a state which predisposed him to violent in

flammations; his summers were spent in boating and hard labour; his winters were a time of perfect repose; though a sober man, he was fond of good living. "A plethora which is not prejudicial while the balance of action is maintained, and which constitutes health, becomes dangerously oppressive to the system when it is suddenly attacked by injury or illness."—*Traver's Inquiry*, p. 32.

It is likewise true, that a few years before he nearly lost his life from a violent attack of pleurisy, and subsequently from intermittent fever; as Travers further remarks: "The constitution is predisposed by one disease to the production of another."—*Ibid*, p. 33.

The same writer also observes, "Continuous inflammation is most frequent in persons who incur injuries in a state of health and plethora." Admitting this state of undue vigor as it were, and repletion and predisposition, in this case, how can we attribute his melancholy end to any other cause than to the wounds and contusions he received?

From what has been stated above, it must be very plain that Peritonitis, under the most favourable circumstances, is always a very painful and dangerous disease; in my patient it was doubly so, as was manifest from his high state of health, and the remains of former disease. "A disposition to local determinations of blood, proved by previous inflammatory attacks, is a predisposing cause in sanguine and plethoric individuals to acute diseases."—*Cycl. Prac. Med.* vol. 2. page 292.

"In young, vigorous, plethoric habits, peritonitis is more violent, painful and rapid."—*Dewees*, page, 552.

"Le pronostique est presque toujours fâcheux. En général le danger se tire de la violence des symptômes, autant que des causes de la maladie, et de ses complications."—*Dict. Scien. Med.* vol. 40, page 507.

"The lungs and pleurae may also be affected simultaneouly with the peritoneum."—*Cycl. Pract. Med.* vol. 2, page 766.

Dr. Craigie, in his Elements of Physic, alludes in a particular manner to the tendency which inflammation of the peritoneum has to extend to the abdominal parietes, and cause disease there; the matchless John Hunter, in his treatise on inflammation, mentions this as one of the terminations of peritonitis. It is therefore reasonable to conclude that injury to the external parts, penetrating to, and causing inflammation of, the peritoneum in the first instance, may ultimately act as a revulsive to the peritoneum, especially

when, from free depletion, the constitutional excitement, if not subdued, is at least diminished. The violent contusion of the lumbar region, in the centre of which there was a wound, passed suddenly through the stage of high inflammation, effusion, infiltration, and lastly, into gangrene, as stated above, and was clearly established on dissection.

The medical gentleman to whom I have felt compelled to allude in my introductory note, to the report of this case, seemed to rest his conviction that there was no inflammation, on the absence of effusion, coagulated lymph; also because there were no new adhesions; forgetting that those are the products of slow or sub-acute inflammatory action, and when present, prove that it had been protracted and passed through some of its phases. It is only when the inflammation is less acute, that it provokes an increased action from the exhalents; that serum first, then coagulable lymph, and finally adhesions result; this likewise takes place when the inflammation has been in part subdued, and assumes the chronic character; then indeed, you have "effusion" enough. But we should know how to discriminate between the different degrees of excitement and inflammation, and their results, ere we pronounce dogmatically. It is known to every one that the first effect of high inflammation is to suspend all the secretions, hence, intense thirst, heat, dry skin, costiveness and scanty urine, &c. &c.

I deem it fitting to give one or two more brief extracts in this place, to convince the uninitiated of the correctness of the foregoing remarks.

"The changes and morbid products may take place either within a short space of time, that is to say, five, six, or eight days." "When inflammation takes place in the peritoneum, it may, under energetic measures promptly employed, terminate, there is reason to believe, without giving rise to effusion." "From the original intensity of the disorder, or from the antiphlogistic measures not being adopted with sufficient promptitude, and carried to proper extent, secretion of fluid takes place in more or less abundance." "The effusion of lymph is, as it were, the natural cure or course of the inflammation, when it has not been checked in the stage of injection." "Peritonitis may terminate fatally in three or four days."—*Craigie*, vol. 2, page 161, *et seq.*

I would call the reader's attention, as further corroboration, to the post-mortem appearances, denoting intense peritonitis, which I have

extracted from the works of the most enlightened pathologists of the age, and who did not write their books expressly to bear me out in my opinion of this individual case.

I owe it to the public, to the profession, and to my own character, to justify the treatment I adopted in this sad case, as well as my diagnosis; which, with all due deference, I must still continue to call "intense peritonitis."

"Copious and early blood-lettings are the most efficient means for the reduction of the vascular system. This is indeed the principal therapeutic agent; during the whole course of the treatment of peritonitis the strictest antiphlogistic regimen is to be observed." —*Cycl. Pract. Med.*, vol. 3, page 206.

"When the inflammation is severe, the lancet should be used to such an extent as the nature of the case demands, so as to make a decided impression upon the disease and the whole system."—*Macintosh*, vol. 1, page 271.

"In Peritonitis I have, in most instances, found it requisite to take not less than 20 or 25 oz. of blood; in some instances 30 ozs. will be taken before the most trivial impression is made on the disease; if the pain be not alleviated in eight hours, a second bleeding to the amount of 12, 16 or 20 oz. of blood, is to be attempted. If the pain be not diminished, a third, fourth, or even a fifth bleeding should be taken from the arm."—*Craigie*, vol. 2, page 179.

"Bleeding, both general and local, should be carried into effect with all possible speed."—*Good*, vol. 1, page 506.

"Lorsque la péritonite est forte et considerable, et qu'elle attaque un sujet robuste et bien constitué, on aura recours d'abord aux evacuations de sang. Faire des saignées abondantes que de petites. En général les saignées, soit générales, soit locales, sont indiquées dans la péritonite tant que l'inflammation semanifeste, quelque soit l'epoque de la maladie; mais elle cesse de l'etre lorsque l'on a lieu de soupçonner qu'elle vient de passer l'état de suppuration, d'epanchement, ou de celui de la gangrène."—*Dict. Scien. Med.* vol. 40, page 523.

"Dissection proves the highly phlogosed state of the peritoneum, and thus points out the mode of cure. Bleed liberally from the arm, and repeat it if the symptoms do not abate."—*Dewees*, p. 556.

"Profuse bleeding, frequently repeated, is the only chance you can give your patient of escaping a terrible death from peritonitis."

"If a patient be wounded on the belly, perhaps with two such

dangerous wounds, you must bleed him profusely—I had almost said, without bounds."—*John Bell on Wounds*, page 238, *et seq.*

It is likewise proper to state what is the practice to be had recourse to in the local treatment of such wounds, and again I shall refer to the great authority I have just quoted, to satisfy the most captious, that "the thing was done right."

"Even where there is a penetrating wound, far from opening it with incisions, close it with a compress, and put its sides together with a rolled bandage." "It is your duty in a penetrating wound with the sword or bayonet to bring it into a condition in which its sides may adhere; cleanse it of its blood, lay its sides together with a tight bandage, and close its mouth with a slight compress."—*John Bell on Wounds*, page 229.

Cooper, in his Surgical Dictionary, vol. 2, p. 475, et seq. says, "It is absurdly recommended to dilate the opening of every stab, with a view of converting the accident into a simple incised wound. Instead of laying open the whole tract of a wound caused by a boyonet, as is barbarously recommended in many of the works on Surgery, the practitioner should take whatever chance there may be of uniting the wound without suppuration."

"It was formerly the practice, immediately to dilate punctured wounds; but this is hurtful, for if the wound be deep, as it generally is, dilatation of its whole extent is a proceeding severe in itself, and in its consequences." "It is not the narrowness of the external opening, as is sometimes supposed, that is the cause of all the mischief, but the injury and consequent inflammation of deep seated parts."—*Liston's Elements of Surgery*, page 176.

Such are the opinions and the practice of every well informed surgeon. I trust I have fully supported my assertion that there was intense inflammation in this case. It now becomes me to establish the fact that there was also gangrene; and as I do not wish this to rest on my own *ipse dixit* alone, I shall transcribe what is stated by a few of our best writers, as denoting the existence of gangrene, locally, also the constitutional symptoms resulting therefrom, that it may be seen if they are applicable to the case under consideration.

"There are some causes which produce death at once by the violence of their operation. A very powerful blow on any portion of the body may destroy its vitality in this sudden manner." "Where there has been so violent a degree of contusion as at once to destroy the organization of the part, the patient scarcely suffers any pain

at all."—*Castle's Manual*, page 138.—Champeau complained of no pain in the loins, where the severe contusion was.

"If gangrene happens to any extent, the patient is usually troubled with an oppressive hiccough; a symptom well known to the surgeon of experience."—*Ibid.*

"It is an erroneous supposition, that mortification arising from an external local cause, is more easily stopped and cured than that originating from an internal cause."—*Cooper's Surg. Dict.* v. 2, p. 178, *et seq.*

"The constitution suffers immediately a considerable dejection, in some a slow, in others a sudden abatement of the constitutional symptoms takes place; when gangrene supervenes, cold sweats, hiccough, accompanied with nausea, &c.—*Ibid.*

"Humid or traumatic gangrane frequently occurs without previous inflammation; the injury being so severe as at once to deprive the part of its vitality." "The parts become flaccid, dark colored, serum is effused beneath the cuticle." "Mortification is accompanied with great anxiety; coldness and clamminess of the face and extremities; weak, irregular, hurried circulation; a cadaverous expression of countenance; hiccough."—*Liston's Elements of Surgery*, page 44, et seq.

"Gangrene is attended with a sudden diminution of feeling in the part affected; livid discoloration, detachment of the cuticle, under which a turbid fluid is effused; with crepitation, owing to the disengagement of air in the cellular texture."—*Dunglison's Dict.*, vol. 1, page 426.

"The surface of the skin becomes of a dark purple, but it is rather of a brownish tinge. The cuticle is raised; a vesication is produced, containing a bloody serum." "Hiccough is the characteristic sign of gangrene, situated in whatever part of the body it may be."—*Castle's Manual*, page 55.

"La gangrène offre un aspect différent et une marche également differente, selon les causes qui la produisent. Quand ce sont des causes externes mécaniques qui attaquent directement la vitalité des organes, elle est constamment précédée d'engorgement inflammatoire d'éréthism et d'une dilacération plus ou moins étendue dans le système capillaire; les parties se tumefient par l'action vitale des tissues, qui n'est pas encore entièrement éteinte; l'epiderme se detache, forme des phlyctenes remplies de la sérosité que devait produire la matière de la transpiration; le cutis se ramollit, prend

une couleur noïrâtre et se putréfie ; le tissue cellulaire se décompose avec toutes les membranes, et de là résulte surabondance des sucs qui ont abandonné les vaisseux et les cellules adipeuses ; ce qui a fait donner a cette mortification le nom de gangrène humide. Cependant on trouve, au milieu de cette pourrïture, surtout lorsque l'affection du membre n'est pas complète, ou que la commotion n'a pas été très-violente, les muscles, les artères et les nerfs encore animés de la vie."—*Larrey Chirurgie Militaire*, vol. è, page 143, *et seq.*

Now let any candid person compare the above with the state of Champeau's lumbar region ; which was swollen, livid, with vesications, bloody serum, cuticle peeling off, air and bloody matter escaping from the wound ; the part infiltrated, soft, and decomposed ; the hiccough ; cold, clammy sweats, &c., and deny that gangrene existed there !

Ere I terminate, it is well to state that my friends, Drs. Beaubien and Munro, saw the poor man ; the latter gentleman about 10, A. M., Saturday, with my son. He was struck with the man's appearance, and after examining him closely, pronounced at once that he was labouring under Peritonitis, and would die. About 1 P. M., same day, Dr. Beaubien saw him with me and without hesitation drew the same inference.

I shall draw this long communication to a close, stating openly and in a very few words, what my convictions are : The wound near the umbilicus caused intense Peritonitis, which was arrested by the depletion, and also no doubt by the supervention of the state of collapse, resulting from the violent contusions on the lumbar region which became mortified, hence the cause of Champeau's death.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

GENTLEMEN,—I have not been an inattentive observer of the case as described by Dr. Carter, and of the discussion which originated from it, between himself and Dr. G. W. Campbell.

Before offering you my opinion on the case, I may be allowed to say some few words animadverting upon the conduct of both gentlemen ; and let it not be supposed an act of presumption, for I have now practised many years and have bad cause to regret, even before the merits of this case were argued, that there did not exist a feeling

of stronger faith and better understanding among the members of our profession.

The legal proceedings in the case adopted by the Defendant should not have been permitted by the Plaintiff: the question was not of skill or capacity, or of injury done—it was of debt. This was first to be decided, on the judgment being rendered, which must have been in favour of the plaintiff; the defendant's course was to sue for mal-practice—for injury done. As long as any person, in what capacity soever his services may be, continues to be employed, so long is he entitled to remuneration, and that according either to agreement, or to a scale established by social and conventional, and therefore, well-recognised amounts. The defendant's plan of action ought to have been to make a tender to the plaintiff, of a sum which he thought adequate to the remuneration of his services; this being refused, he would have felt himself blameless: as the case stands, he has subjected himself and friends to infinite annoyance for about £3. I know that the plaintiff's first account was about £21, that for which he obtained judgment £18.

I allude to this course and to this part of the preliminaries, because many of us are ill paid or not paid at all, and because I would much like to see a fixed tariff established by the medical men—as we are now placed, all seem to have some mode of charging varying in some manner from the others; we are employed most probably on account of services we are supposed capable of rendering, and for these we should be paid surely a living price.

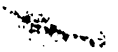
I find fault with Dr. Campbell for not having at once met Dr. Carter in the pages of your paper—there was not any thing in the communications which rendered silence laudable. Dr. Campbell, though placed high in the scale, ought not to have looked upon the summary of the case with indifference—even had there been misrepresentation: he had no reason to regard its publication as the price of his professional elevation, and in such a view to deem it a test of moral courage to disregard it: no, his silence may, with an appearance of justice be imputed to a dread of either the undertaking, or of the weakness of the cause: he owed it to those who held an opinion similar to his own, to be the ostensible supporter of their position; and when he did enter the arena—the contest had degenerated, and had taken the appearance of writing for the public—not for the profession. Dr. Carter, had Dr. Campbell discussed in your journal, would not, I am sure, have adopted the gazetteer

as his mode of establishing his case. Dr. Campbell should have known that Dr. Carter has been for a longer period a practitioner, that he is his senior, and entiled to courteous consideration—that there was a possibility of his being in the right—that his conception of the case had been received at an early period of his attendance—that his treatment had been directed steadily to the same end—that his ideas at the conclusion of his attendance, could not have been arranged for the support of his hypothesis, (call it favorite if you will), since from the first he held them, and well digested too. He should have recollected that, before the patient, and in the presence strangers, he had offered an indignity to Dr. Carter. He should have called to mind that in his evidence he not only gave his testimony as a witness, but ventured far beyond his sphere in asserting that the plaintiff was not entitled to remuneration. And this too when he had been retained in the employ of the defendant, w ith his sanction, and perfectly to his satisfaction. All these considerations ought to have induced Dr. Campbell to offer the only means left in his power, the chance of Dr. Carters' substantiating his diagnosis and proving it correct. I am far from being Dr. Carter's champion; I am, in fact, not acquainted with him. I speak for the sake of justice. There appears to be no doubt that Dr. Carter is not blameless in the bed-side consultation; yet I had expected other things from Dr. Campbell than the course he subsequently followed.

In the history of the case given in your paper—after mature deliberation—I think that Dr. Carter has failed in satisfying the greater number of your readers, that there existed what he has termed lumbar or psoas abscess, or of the existence of an abscess in the iliac fossa, or even in the posterior gluteal region; but he has completely established the fact of there having been, and still existing at the first stage of his attendance, an enormous collection of hardened fœces in not only the coecum, but I conceive a great portion of the ascending colon—a condition which appears to have been previously overlooked. I further consider that this state of distension, produced really by foreign matter, had superinduced an inflammatory condition of the parts; and that, the disease should have been termed—colitis, or rather typhlo-colitis: that Dr. Carter was justifiable in exploring, I also allow—and I fully concur in the indications which he persisted in fulfilling from the first, though many would have had recourse, after the evacuation of the scybala, to a milder plan of treatment.

I have mentioned that Dr. Carter has not established in my mind, the fact of the existence of pus—at least, to the extent spoken of by him—because the symptoms given are not characteristic of its formation—because the same signs would accompany the simple mechanical obstruction spoken of above—such as, the attitude in walking—the ease in the reclining posture—the character of the pain—the state of the pulse—blood-letting being attended to all appearance, by relief—and lastly, the sudden and unexpected disappearance of the swelling, all contribute to persuade me that the enlargement proceeded not from abscess, but from the stercoraceous accumulation, and after its evacuation, to temporary re-accumulation accompanied by flatus; much of the uneasiness, too, may have been produced by not only pressure on the muscles and nerves, but upon the ureter. (By the bye, not a word is said as to the state of the urine or of the bladder.)

Dr. Carter has Dupuytren as an authority, but he should remember that he had not an opportunity of examining except in one case, and that the opinions of that jusly eminent man have been combated lately by Dr. John Burne, Physician to the Westminster Hospital, whose work was published in 1837, and with every appearance of success. Dupuytren's opinion that an abscess may form in the cellular tissue behind the cœcum, sympathetic of some irritation of the mucous membrane of that intestine, was based on one of Broussais' *General Pathological Propositions*, viz: "that whenever a local irritation reaches a certain height, it repeats itself in other and contiguous systems or organs, and always without change of nature." Broussais too advanced that the nerves are the only agents of the transmission of irritations which constitute morbid sympathies. There can be no question that there are many irritations which are thus transmitted to remote parts through the agency of the brain, and thence by reflex action to sensitive or motor nerves, so as to produce pain, or even spasm. I need not instance an example; but of abscess occasioned thus, I know not that there can be cited a proper instance. Admitting that abscess exists in the pericœcal tissue, I would hesitate before pronouncing that even inflammation of the cœcum would produce it; there are instances of the whole substance of this species of second stomach being involved, and being absolutely cartilaginous without producing a vestige of such cellular abscess in the vicinity. I am inclined to look upon an abscess in this region, as the result of an ulcerative perforation either of the



cœcum or its appendix, and one most likely to be circumscribed by peritoneal adhesions.

I know not how the patient has been since the event which gave rise to these "awful disclosures." I suspect that she has been ailing since, and that from a similar cause she has been occasionally a sufferer: should the supposition be correct, I am inclined to think that the disease requires not *now* much diagnostic acumen.

I repeat that I am perfectly an impartial judge—unconnected with either party—that making allowances for the excited feelings of the said gentlemen, in whom the attempt at self-vindication has given prominence to particulars favorable to the one, while circumstances tending to exhibit responsibility or blame are suppressed—while the partial truth is but perceived—and while there are accusations of the improper application of facts, and even insinuations of falsehood, it is quite fair for a third party to carefully discriminate and judiciously to arrive at a conclusion.

I trust that I have not been too tedious, and remain,

Gentlemen,

Your obedient servant,

"ANOTHER SUBSCRIBER."

Montreal, July 25, 1844.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

GENTLEMEN,—Will you do me the favor to insert in the forthcoming number of your valuable Journal, the accompanying extracts of letters from Drs. Elliotson and Hocken, which I received by the last mail, and oblige,

Your ob't. servant,

C. CARTER.

Montreal, Aug. 23, 1844.

SIR,—I have no doubt that Miss D. laboured under an obstruction and inflammation of, with great effusion of fibrine, and all the preliminaries of an abscess in and around, the Cœcum. Whether matter was actually formed, I cannot say. But this does not alter the case; for matter would have formed, but for Dr. Carter's judicious and successful treatment.

I have the honor to remain,

Sir,

Your's faithfully,

JOHN ELLIOTSON.

London, July 31, 1844.

Extract from Dr. Hocken's Letter.

"Your cause, however, is so good, that it does not need any defence, except, perhaps, among those who are prejudiced at Montreal. In the last No. (July) of Dr. Johnson's Review, he makes some remarks on the case, at page 274, under the head of "Medical Etiquette." He remarks that, 'there was a decided breach of medical etiquette and common prudence too, provided the statement be correct.' 'From certain symtoms that accompanied and followed these attacks, Dr. Carter believed that suppuration had at one time occurred. Of this we are not quite satisfied; but there was danger enough in these attacks to authorise the means employed.' This was just the opinion I formed and stated several months ago, viz: that there could be no doubt that inflammation had been set up in the cellular tissue surrounding the cœcun from foecal accumulation threatening abscess of the iliac fossa; although I was not fully convinced from the mere narrative of the symptoms, that abscess had actually formed, believing at the same time, that many slight particulars may have satisfied you of its actual presence, whilst attending from day to day, at the bed-side of the patient, which were not mentioned in your report. Also, it must be clear to every unprejudiced person, that your treatment was not only justifiable, but judicious and proper."

We have been favored by our friend, G. D. POLLOCK, Esquire, with a report of the fatal diseases and post mortem appearances found, in 239 cases, in which death occurred in St. George's Hospital during the year 1843—part of which we have transferred to the pages of our present number. It is indeed cheering to have these proofs before us of the increasing interest manifested for the science of Pathology; for we are convinced, that Pathology, with regard to disease and its treatment, occupies the same rank in Medicine, that Mathematics does to Logic.

We should be delighted to find the example set by the Medical Officers of St. George's Hospital adopted by all those of the profession connected with institutions of the same class.—E. M. G.

The number of cases admitted during the year amounted to three thousand one hundred and fifty-five.

The number of fatal cases which occurred at St. George's Hospital

during the year amounted to two hundred and seventy-seven,* including thirty-six cases admitted for various accidents and external injuries. In two hundred and thirty-nine cases, the body was examined after death; and in thirty-one of these, death was the result of external violence. The following account is therefore taken from thirty-one cases in which death was the result of accident or external violence; and two hundred and eight in which it arose from natural causes.

FEVERS.

Four cases of scarlet fever were examined after death : the lungs in all were congested, and in one instance partially condensed. The spleen was twice found softened, and congested, and once of very large size, much congested, and as firm in structure as the liver. This occurred in a boy three years of age. The fauces retained indications of inflammation in three instances; in one of which a quantity of pus and lymph was found in the sub-mucous laryngeal cellular tissue, as well as on the outside of the thyro-hyoid ligament.

Seven other cases of fever were examined, of which the intestines were found inflamed in four, and ulcerated in three. In one instance the ulceration had extended through all the coats of the small intestine, leaving a small round opening, closed externally by a firmly adhering layer of lymph ; the fluid contained in the peritoneal cavity was of a brown colour and peculiarly offensive odour : of the seven cases, the substance of the lungs was inflamed in three, and congested in two. In one instance the mucous membrane of the lungs alone was affected. The membranes of the brain were twice found inflamed.

In one instance, where petechial spots remained upon the legs after death, the lungs and kidneys presented, scattered throughout their structure, numerous white, isolated granules ; these were all about the same size, less than a line in diameter, and were each surrounded by a narrow circle of livid congestion.

Another case is recorded under the head of fever, in which considerable effusion of serum was found in the cavity of the chest, accompanied by deposit of lymph in the substance of the kidney, and some purulent effusion between the kidney and its capsule.

SECONDARY ABSCESSES.

Secondary abscesses were met with in twelve cases : four of these have already been mentioned under the head of compound fractures, and four succeeded amputation of one of the limbs. Two instances occurred after fracture of the spine; the situation of the affection being in the anterior mediastinum and lung in one case, and in the posterior

* Several of these were cases of advanced disease, in which the patients died shortly after admission.

mediastinum and cellular tissue around the kidney in the other. Of two remaining cases, one accompanied an abscess over the knee, communicating with the joint, and exposing the patella; the other occurred in conjunction with purulent effusion into the cellular tissue behind the peritoneum. In this case, the cellular membrane surrounding the transverse portion of the duodenum was occupied by a collection of ill-formed pus and lymph mixed with a quantity of cheesy matter: from this point the cellular tissue was infiltrated with purulent fluid in every direction; the suppuration had extended anteriorly between the layers of the mesentery, to the left along the pancreas, and upwards behind the peritoneum nearly to the under surface of the liver. In the substance of the liver were found in various situations clusters of veins filled with purulent fluid more or less tinged with bile. In several of these the pus could be propelled along the veins by pressure, but in others the veins were lined by a layer of lymph, which, confining the pus more or less perfectly, formed as it were so many small abscesses. The roots of the duodenum in contact with the purulent effusion were observed to be remarkably thin.

In the twelve cases, the lungs were the seat of the secondary abscesses in ten, the liver in three, the spleen in one, and the kidney in one. Deposit of matter was also found in the gastrocnemius muscle in the one case, and of the sartorius in another. In three instances the synovial membrane of the knee-joint was distended with purulent fluid.

In all these cases, with the exception of the one above related, the primary disease had originated in, or involved, some portion of bone. In former years it has been observed that the osseous system has been involved in a similar large proportion of cases in this disease: thus of seventeen cases of which notes are preserved, occurring in the year 1841-42, the osseous system was implicated in fourteen instances. If we add together the result of the three years, we have twenty-five cases in which secondary abscesses followed or were accompanied by disease of the bones; and four in which they were not.

The number of cases in which secondary abscesses occur appears to vary very much in different seasons and years. Thus, of twenty-five cases of compound fracture occurring during parts of the years 1840-41, secondary abscesses occurred in eight instances, while in the year 1842, of seventeen cases of compound fracture, secondary abscess followed in one instance only.

Diffuse cellular Inflammation.—Diffuse cellular inflammation, arising spontaneously, or from slight injury, was in eight cases the apparent cause of death: in three of these it was traced from the neighbourhood of the rectum into the pelvis, extending in one instance to the anterior

surface of the aorta, and in another following the course of the ureter to the kidney: the cellular membrane of the leg was the seat of the affection in two cases, and in one was accompanied by the secretion of a very large quantity of purulent fluid into the peritoneal cavity. The cellular membrane of the back, of the posterior mediastinum, and of the side, were the parts affected in the remaining cases: some oval masses of organized lymph were found deposited in the right lung in one of these instances.

Abscess.—The first case of fatal abscess which presented itself was one in which the transverse portion of the colon, and the anterior margin of the left lobe of the liver, were firmly united to the anterior parietes of the abdomen. Between these parts and the anterior surface of the stomach was a large quantity of fetid pus, maintained in its position upon either side by adhesions. An ulcer, extending through all the coats of the stomach, existed at the upper part of its anterior surface. The opening in the peritoneal coat was of the size of a large pea, and although partially closed with lymph, appeared to have allowed the escape of some of the contents of the stomach into the abscess.

Thirteen other cases of fatal abscesses occurred, besides those already enumerated under the heads of scrofulous disease, and secondary deposit. In six cases the disease originated in affections of the lower dorsal lumbar vertebræ, and in three of these the structure of the bone was rendered much firmer than natural. In another instance the abscess made its way from the hip-joint through the acetabulum, into the pelvis, and thence descended below Poupart's ligament.

In one patient both ovaries had become the seat of abscess, and the uterus consequently firmly fixed in the pelvis by adhesions: on the right side the sac of the abscess was flaccid, and contained some offensive dark-colored fluid: it communicated with the rectum by two oval ulcerated openings. On the left side the sac of the abscess was distended, and the pus which it contained was of its natural colour and appearance.

Senile Gangrene.—Senile gangrene proved fatal in two cases. In the first, ossification of the arteries had taken place to a great extent: in the second, the lower portion of the aorta and its bifurcation were chiefly diseased. In this case the aorta below the origin of the inferior mesenteric artery was irregularly dilated to about three inches in diameter. The internal coat was thickened, inelastic, and ulcerated in various situations; the ulcerated portions being covered with firmly adhering coagula of blood. A considerable cavity existed between the internal and middle coat, filled with a pulpy-brown semifluid substance mixed with a gritty deposit.

Inflammation of Lungs and Pleura.—Nine cases of inflammation of the lungs and pleura unconnected with tubercular disease proved fatal. In four instances the pleura contained pus, and in one a communication existed in the condensed lung between the pleural cavity and a dilated bronchial tube: the bronchus and trachea were filled with purulent fluid of the same character as that contained in the pleural cavity. In one instance the patient had been violently salivated before his admission, and a very large portion of the lower jaw had perished in consequence.

Bronchitis—Bronchitis was the apparent cause of death in three cases. In the first the mucous membrane was universally inflamed, unaccompanied by any condensation of the lung; in the second, in addition to the affection of the mucous membrane, the pleural cavity contained some effused serum; and in the third case the bronchitis was accompanied by aneurism of the aorta, this was situated behind the lung: the last case was also complicated by the existence of an aneurism immediately in front of the trachea, which by its pressure upon the anterior surface of the tube, had diminished its antero-posterior diameter to one half its ordinary size.

Disease of the Heart.—Disease of the heart was apparently the immediate cause of death in five instances: the pericardium was in all these cases affected. In three it was universally adherent; in the fourth case, the lymph effused upon its internal surface had assumed a honey-comb appearance, confining separate small collections of serum between its numerous partitions; and in the remaining case the pericardium contained purulent fluid. A layer of very firm bone had in one instance been developed between the adherent layers of the pericardium. Disease of the mitral valve presented itself in three out of the five cases, and in two of these the aortic valves were also affected: the kidneys were diseased in two and congested in one of the above cases.

Disease of the Brain.—In many cases in which the supposed cause of death was found elsewhere the head was not examined, and therefore cerebral disease may have existed in some cases unobserved. Besides the cases of malignant disease already mentioned, disease of the brain was the cause of death in four instances; in three of these, effusion of blood had occurred to a greater or less extent in the substance of the brain, and in one, where erysipelas had preceded death, some effusion of lymph had taken place at the base of the brain, and the corpus callosum, fornix, and septum lucidum, were found softened. The remains of three separate extravasations of blood were found in one of the above cases, consisting of a transparent fluid in one cyst, a yellowish fluid in a second, and a brownish red semi-fluid substance in a third; in another instance, the cavity containing the effused blood, situated

upon the surface of the brain, had become inflamed, and the secretion from its surface mixed with the extravasated blood.

The *spinal chord* was found in one case, for the extent of an inch at its lower part, converted into a pink soft substance. This was accompanied by a soft and spongy condition of the cancellous structure of the corresponding vertebræ, and with inflammation of the kidneys and bladder.

Disease of the Kidneys.—In the great majority of cases disease of the kidneys occasions death by inducing some other disease more immediately fatal. The cases of this nature which occurred have already been enumerated under different heads: five instances, however, occurred in which the kidney was the principal organ diseased, and in which no very evident cause of death was found elsewhere. The brain was examined in two only of these cases, and in both found to contain more fluid than natural, both in its ventricles and in its substance. In all the cases, with one exception, the kidney was reduced in size. Upon one occasion one kidney only was present: it was very small and hard, smooth on its surface, with the capsule remarkably adherent, while on the opposite side, the ureter, which was of its natural diameter, terminated above in a cul de sac; around this was some dense vascular cellular tissue, but no appearance whatever of a kidney. The kidneys were granular upon their surface in all the remaining cases.

A remarkable disease of the bladder accompanied the affection of the kidney in one of these instances. Several large varicose veins were observed in the submucous cellular tissue, near the prostrate gland, and in the same situation were several tuberculated elevations, varying in size from a pea to a hazel nut; some of these of the largest size were filled with a white milky fluid; others contained a solid semi-transparent substance, and others again consisted of a yellow opaque matter resembling tubercular deposit. The remaining part of the mucous membrane of the bladder was healthy.

Affections of the Urethra.—Ulceration of the urethra permitting the escape of urine was fatal in three instances. In two of these the opening occurred in the bulbous portions, and in one in the membraneous portion of the urethra; the consequent extravasation of urine was situated in the former cases between the perineal fasciæ; in the latter, within the triangular ligament. A fourth case may be allied to these, in which advanced disease of the kidneys accompanied a confirmed stricture. Diffuse cellular inflammation occurred in this case, without any extravasation of urine.

Strangulated Hernia.—Of seventeen patients operated on for strangulated hernia during the year, six died. In one of the cases which

proved fatal the patient had been delivered shortly before the operation; in the second the patient was labouring under disease of the brain ; and a third was suffering from an attack of fever before the hernia had become strangulated. One of the remaining cases died in consequence of mortification of the bowel, and two proved fatal from inflammation of the intestine and peritoneum. In both these last cases, a sac, formed by the omentum, enveloped the bowel, in addition to the ordinary peritoneal sac. A separate account of these cases will shortly appear, and therefore no farther observations upon them will at present be offered.

Strangulation of the small intestine, unaccompanied by hernia, was in one instance the cause of death. A portion of the small intestine in the form of S had become inflamed, and the different portions glued together by recently effused lymph; a considerable mass was thus formed, the base of which was encircled by another double fold of small intestine likewise retained in its position by recent adhesions. The passage of the bowel was by these means completely obstructed. A diverticulum existed at one portion of the intestine, consisting of a canal about a quarter of an inch in diameter, and four inches long, considerably dilated at its closed extremity, and containing some foreign bodies. This did not appear to be connected with the cause of the obstruction of the intestine.

The following cases proved fatal each in one instance.

Hydatid cysts in the abdomen.—Erisypelas had in this case immediately preceded death. The body was greatly emaciated, but the abdomen enormously distended. The recti muscles were widely separated by the pressure of the abdominal contents, and the parietes consequently rendered so thin, that some small moveable tumors within the abdomen conveyed the sensation of being subcutaneous. On opening the abdominal cavity, numerous hydatid cysts were seen attached to the omentum: some of these were almost transparent, but in others the parietes had attained considerable thickness. A circumscribed, soft, elevated growth, resembling a warty excrescence, had developed itself from the internal surface of several of these cysts. Almost every part of the abdomen was similarly occupied by hydatids ; the contents of the cysts in the neighbourhood of the liver had assumed in several instances a yellow colour, while in contact with the intestine they appeared as though tinged with fecal matter. One very large cyst was situated upon the under surface of the liver, and had become partly imbedded in its substance. Another cyst of very large size was situated above the liver, and by its pressure had made its way through the right side of the diaphragm, encroaching upon the corresponding lung. A smaller

one upon the left side had also caused the absorption of the diaphragm and protruded into the cavity of the chest beneath the pericardium. Some small hydatid cysts were also developed from the peritoneum, covering the abdominal muscles.

Hæmatemesis.—The patient in this case died after repeated vomiting of large quantities of blood.

On the upper part of the posterior wall of the stomach the remains of an oval ulcer presented itself. It was perfectly healed, with the exception of one point, where a small rounded mamillary eminence projected from the surface. In the centre of this elevated portion was seen the open mouth of an artery, which proved to be the truncated extremity of the arteria coronaria ventriculi. A large branch was given off immediately before the termination of the artery in the cicatrix of the ulcer

Effusion of blood on the surface of the spinal chord.—This occurred in a girl 18 years of age, who died suddenly upon the day of her admission into the hospital. The cells of the pia mater for the whole length of the spinal chord were distended with coagula of blood. The extravasation extended upwards upon both sides of the pons varolii, and communicated with a large quantity of coagulated blood which filled the fourth ventricle. The *iter a tertio ad quartum ventriculum* was also occupied by a narrow coagulum. This was continued into and filled the third ventricle. The lateral ventricles were distended with bloody serum; coagula of blood occupied the floor of each, extending backwards into the posterior horn, and communicating with the effused blood in the third ventricle. One of the vertebral arteries presented near its termination two small apertures, from which the hæmorrhage appeared to have proceeded.

Simple ulcer of the œsophagus.—This patient died in a state of extreme emaciation, having for a considerable time been unable to swallow any solid substance: about an inch above the bifurcation of the trachea an irregular shaped ulcer was found in the œsophagus. The tube was slightly contracted but not diseased above this point; the ulcer was about an inch and a half in length, not surrounded by any particular induration, and extended in one part through all the coats of the œsophagus, but not into the cellular tissue surrounding it.

Imperforate vagina.—The vagina in this case terminated in a cul de sac about an inch and a half from its internal opening: from this point the canal was completely obliterated for about half an inch, and above this again became sufficiently distended to contain a pint of fluid. The walls of the vagina in the dilated portion were much thickened, and were lined internally by a uniform layer of greyish-white substance,

resembling effused lymph, internal to which was a layer of black matter, apparently a deposit from the black fluid contained in the cavity. This patient died of peritonitis after an operation for the evacuation of the confined fluid.

Erysipelas preceded death in five instances: three of these have already been mentioned under the several heads of compound fracture, disease of the brain, and hydatid cysts in the abdomen. The remaining cases occurred, the one in conjunction with disease of the kidneys, the other accompanied by disease of the liver.

13, Dover Street, Piccadilly, April 14th, 1844.

THE MONTREAL MEDICAL GAZETTE,

Omnes artes, quæ ad humanitatem pertinent, habent quoddam commune vinculum, et quasi cognatione quadam inter se continentur.—*Cicero.*

MONTREAL, SEPTEMBER 2, 1844.

On Tuesday, the 6th August, the Montreal Branch of the Provincial Medical Board held its Trimestrial Session, for the Examination of Candidates, in the room of the Natural History Society, in consequence of the want of accommodation in the Court House, where such meetings were wont to be held. The successful candidates (who underwent their examination with much credit,) were Messrs. J. B. Lactance Papineau, Emery Codère, and M. Prevost. Without derogating from the merits of the two latter, we cannot refrain from making honorable mention of Mr. Papineau, to whom a well merited compliment was paid for his having exhibited very satisfactory indications, not only of a well cultivated mind, but also for having made the very best use of his time during the period devoted by him to his medical studies while in Paris.

Medical students in Canada must now have been made perfectly sensible of the necessity of directing all their energies to the acquisition of an extensive and minute knowledge of every branch of their profession, for as opportunities of obtaining knowledge are every day being made more abundant and easy of access, the more will be expected from them on the day of their examination.

Besides the above mentioned gentlemen, we hear that Messrs. Phileas Proulx, Eugène Hercule Trudel, and Alexander Long, submitted to the Board their McGill College Diplomas, which after having being duly *looked at*, the names of these gentlemen were registered for recommendation to the Executive for Licence to Practice.

This part of the ceremonious proceedings of the Board ought to be superceded by an extension of privilege on the part of the Legislature, to the Medical Faculty of the University of McGill College, whereby that faculty might be empowered directly to recommend for licence such candidates as they shall have considered worthy of their *Summos Honores*, or, in other words, their degree of Doctor of Medicine. As the law now stands, the Diplomas of the University of McGill College, as of all other Colleges and Universities, must be submitted to the Provincial Board, before whom the bearer of such Diploma has to make oath that he is the individual referred to in the said Diploma, and that he came by the same honorably. As regards foreign Diplomas, such an exaction is legitimately necessary; but for a Diploma of the University of McGill College, the ceremony becomes little short of a contemptible farce, more especially as the Quorum of the Montreal Branch of the Provincial Medical Board is chiefly composed of the Professor and all the Lecturers of that very same faculty of the University of McGill College, who have themselves taught the self-same candidate who produces the self-same Diploma which that self-same faculty conferred. This is, indeed, making certain doubly sure, countersigning their own testimonial of approbation.

We do not consider that we are at all arrogating to ourselves an undue privilege, as the guardians of matters appertaining to Medical Polity, in suggesting to the Legislature the adoption of this principle, that as the Faculty of Medicine of the University of McGill College have the power of conferring the degree of Doctor of Medicine, (and that only after the fulfilment of a rule contained in the statutes of that faculty which demands a certain period of study,) it should likewise have the power of recommending to the

Executive for Licence to Practice, without any farther ceremony, all such as have earned their Diploma. We are aware it is the intention of the Lecturers of the new College of Medicine to petition the Legislature for an Act of Incorporation, and from what we know of their popularity, there is little doubt of success attending their petition, in which case this body will also obtain the right of recommending to the Executive for Licence to Practice such candidates as they shall find, from time to time, worthy of their Diploma.

When these changes shall have been brought about, it will follow as a very necessary consequence, that a corresponding change must be effected in the organisation of the Provincial Board. This Board, as it is now constituted, is almost entirely dismantled of power; in fact, it has none beyond the rejection of incompetent candidates. It cannot even enforce its own *bye-law*, which orders that such as intend to be examined, do give four days notice to that effect to the secretary. The statute under which its duties are detailed, is the old one of the 28th Geo. III. cap. 8.; it is syled, "An Act or Ordinance to prevent persons practicing Physic and Surgery within the Province of Quebec, or Midwifery in the towns of Quebec and Montreal, without licence." The first clause enacts that, no person shall practise Physic, or vend or distribute Medicines by retail, for gain, except such as shall have been examined and approved of by a certain Board of Examiners. The second clause regulates the amount, and how to be levied, of the penalty to which individuals practising without this licence shall be subject. The first part of the third clause we must copy entire. It runs thus: "Provided always, and it is hereby enacted, that nothing in this Ordinance shall extend or be construed to extend to the subjecting such persons as shall have taken a *degree* in *any University*, or who have been commissioned or warranted as surgeons in His Majesty's army or navy, to *any examination previous to obtaining a licence*," &c. &c.

By this it is evident that the Board has no right to enquire into the existence of Indentures, period or nature of study, or the age of the candidate. In short, any carter has a right to walk in and

demand his examination, and his examination *must* be granted!! Such a palpable evil, however, cannot be expected to last much longer, for it is to be hoped that, when the Legislature occupies itself about the framing of a Medical Bill, some attention will be directed to the formation of the Provincial Medical Board; and one of the most important points to which it can advantageously apply a remedy, will be the nomination of *entirely disinterested* members. The Board, as it is now composed, consists of nineteen members—seven of whom, residing in the country, are generally absent—the other twelve, in town. Of these twelve three have *never been known to attend the regular meetings* more than twice or thrice, at most; of the remaining nine two are very often absent —and it frequently occurs that even *six* of the *twelve* cannot be collected together for the transaction of business—the annoying consequence of which is, that, as seven is the quorum, the punctual members have to lose *their* time waiting in vain for the absentees, and the candidates have the mortification of remaining in suspense until the next day, when it is just as likely that again a quorum may not assemble. Then again, when there is a Quorum, of whom is it composed? The Professor and the other five Lecturers of the Faculty of Medicine of the University of McGill College! Against the individuals nothing can possibly be said, either as regards their favoritism or otherwise; nevertheless, the circumstance we know, does give rise to much apprehension on the part of candidates who have not attended the school presided over by these gentlemen, and we are forced to admit, upon very just grounds too, for although as far as our knowledge goes, we are not aware of their ever yet having abused the power thus vested in them, we cannot pretend to be blind to the fact, that they can and may exercise it whenever they please. That such a jealousy really exists, is proved by the fact, that a petition was last winter addressed to His Excellency the Governor General, signed by a large body of Students, requesting the counterbalancing of that power by the nomination of the Lecturers of the new School, as additional members to the Provincial Board.

In this, the Students exhibited much frankness, in not soliciting a more complete alteration, by the formation of a new Board, on which *no public teacher* should sit, and we must say, that there we are of opinion they erred, for if we be not very much mistaken, the Faculty of Medicine of McGill College have expressed a determination, through their Professor, to the Caput of that Institution, that although all the other branches of education there taught, were to be conducted on the principle of the *English* Universities, the Medical department would be regulated only according to the principle by which the Edinburgh University was governed. That being the case, the faculty should not have lost sight of the fact that the Professors of Medicine in the University of Edinburgh do *not sit upon any other Medical Board but their own;* nay, not even do the public teachers *out of the* University sit on the Board of the College of Surgeons. Therefore, if Edinburgh is to be their guide, they cannot object to the plan which we recommend for the formation of a Provincial Board, viz: that it be composed of individuals altogether unconnected with Public Medical Schools. It may be said, that the formation of such a Board would be rendered superfluous when the Schools have the power of directly recommending their respective candidates to the Executive for Licence to Practice. But that would not be the case so long as Students are not *compelled* by Legislative enactment to attend Public Lectures; and moreover, such a Board *would* at all times be the only competent authority to examine the Diplomas of strangers, and to have them duly attested. Its labours would necessarily be much diminished, but its existence would nevertheless continue to be indispensable.

In conclusion then, we say that the present statute should be repealed without loss of time, and a proper Medical Bill passed for enforcing a certain course of study, regulating the examination of candidates, and constituting District Branches of a Provincial Board for the examination or attestation of the holders of Degrees obtained at Foreign Universities and Colleges. As matters are at present, it is a perfect absurdity, and in direct contravention both of

the letter and spirit of the law, that graduates of *any* University be subjected to examination by the Provincial Board.

In accordance with Dr. Carter's request, we insert in this number, extracts of "two letters lately received by him and submitted to us for perusal, from Drs. Elliotson and Hocken," on the subject of his case published in our May number—but we must be spared from inserting these portions of the letters which bear on the point of medical etiquette.

A very curious and interesting manuscript has been placed in our hands by Dr. Meilleur of this city, purporting to be "A Summary view of the St. Paul's Bay Disease," by Dr. Jas. Bowman, of Quebec, dated 1785. The disease there described certainly most closely resembles, except in degree, (in which particular, we think that it very much exceeded,) the Tubercular Leprosy now raging at Tracadie. Before perusing this manuscript, our own impression was, that the Maladie de Malbaie had been limited to the District of Quebec, but cases occurred and medicines were furnished to the Curés of Varennes and Boucherville, in our own immediate neighbourhood. We shall endeavour to make an epitome of this summary at some future time. Meanwhile we tender to Dr. M. our best thanks for his politeness.

At the last meeting of the Medico-Chirurgical Society of this City, held on the 3rd of August, Dr. Bouthillier of St. Hyacinthe, and Dr. E. Taché of St. Thomas, were unanimously elected Honorary Members.

MEDICO-CHIRURGICAL SOCIETY,

27th April, 1844.

Dr. FRASER, in the Chair.

The attention of the Society was directed to that interesting disease described by Underwood as the "Inward fits of children," by Montgomery as "Thymic Asthma," and by other authors as "Laryngismus Stridulus," or "Spasmodic Croup." Dr. F. detailed the case of a child ten months old, previously stout and healthy looking, who was suddenly seized on the night of the 12th January last, with dyspnoea and an apparent sensation of suffocation, which

soon, however, passed away. At the time of Dr. F's visit, the child labored under slight fever, short dry cough, and trifling sonorousness on inspiration—the pulse was not quick, tongue covered with a thick white fur, the gums were swollen, and teeth were evidently at hand. The gums were freely divided, and slight aperient medicines administered; on the next day, the child was much better; but the draw on inspiration still continued, for which assafœtida and ipecacuanha were given. From that time until the beginning of the present month, the child has varied much: he has had on two occasions, screaming fits similar to that which ushered in the first attack. During the same period, also, the gums have been repeatedly lanced, alterative and cathartic medicines given, and liniments applied to the chest and throat. On the 5th instant he was seized with general spasmodic symptoms, the wrists were flexed, and the fingers firmly clenched, the thumbs turned in to the palms of the hands, the toes, ankles and knees bent. The ordinary means, consisting of the warm-bath, liniments, cathartics and enemata were given. For the last four or five days, the cough has left him entirely. On the 23d the gums were again lanced and released two teeth; the breathing being very laborious, accompanied by a hard, sonorous, mucous râle, a blister was applied to the chest with great relief to the breathing; yesterday the fits being very frequent and the head hot, it was judged advisable to apply another small blister to the nape of the neck, with cold to the head; assafœtida with rhubarb and magnesia, had been given immediately.

Cases of the same disease were described by Drs. Holmes, Campbell, Crawford, Nelson and the Honorary Secretary—some of which, as in a case related by Dr. Crawford, the disease had proved rapidly fatal; in many there had been found on post mortem examination, enlargement of the Thymus or bronchial glands, in others no morbid appearance sufficient to account for death could be discovered.

Dr. Holmes mentioned an extraordinary case, in which both the Thymus and Thyroid gland were so much enlarged, that after death, they were found to be as nearly in contact as their relative positions would permit.

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THE

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BEING A

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AND

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Edited by Francis Badgley, M. D., and William Sutherland, M. D.

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FOR THE MONTREAL MEDICAL GAZETTE.

HOOPING COUGH.

To the most extraordinary vicissitudes of weather, which these three months have witnessed, we may chiefly attribute the early presence of the Hooping-cough throughout the whole atmospheric media of four Parishes, viz. Yamaska, St. Aimé, St. David and St. Francis, and, no epidemic, for several years past, has shewn itself so distressing and intractable to the resisting powers of medicine, diet, and the sometimes beneficial effects of that change of air produced by removal to uninfected localities.

In the absence of all professional prejudices and bigotry, I am well aware that a multitude of the most important acquisitions in the history of mankind, and the progress of knowledge, have been derived from accidental circumstances, or the occurrence of extraordinary ideas to certain minds; and a lucky thought, and trial event have led to the most important consequences in almost every branch of human enquiry, and in no branch, perhaps, could we, *a priori*, look for such occurrences more frequently than in medicine. Having myself been sorrowfully afflicted by the visitation of this epidemic, among my young family of children, it is but natural to suppose that the anxieties and cares of a fond parent deeply involved, not only the resources of his own practical science, but those also, which although unscientific in their gratuitous bearings, are not always to

be contemned or disregarded. It is from individual observation, and the just appreciation of it in others, that all practical knowledge must be derived; and our science in particular will ever, more or less, be marked by a certain cast and character of empiricism.

In the early stage, this disease bears no other uncommon feature, than that of dry cough, with some degree of dyspnœa and puffiness of the eyes, and which generally lasts for several days. More advanced in its progress, it assumes a spasmodic, *crowing*, form, and is only relieved by strong efforts to throw off from the bronchial cells a quantity of thick milky mucus. These paroxysms are as frequent during the day, as night. This second stage also proves so powerful in its invasion, as to threaten suffocation to infants under twelve months, and even in many cases to those much beyond two years, (much depending upon the previous state of health.)

In the third and last stage, the inspiratory action is generally attended with a peculiar râle and sonorous noise, and moaning during sleep. The lips and eyes become encircled with a bluish appearance, and not unfrequently the tongue is found bearing the same choleric tinge. The cough is rapid, soon running into the spasmodic, and convulsive strangulating crowing; and unless soon removed by the expulsion of the congestive and adhesive matter, now filling the bronchial cells, suffocation is greatly to be dreaded. Sometimes, such is the violence of the convulsions, and such are the exertions, in throwing off this offending secretion, that blood vessels are ruptured, and considerable hemorrhage ensues through the mouth and nostrils.* This is the most distressing and perilous stage, and often terminates the short career of our little sufferers.

In the premonitory stage of the disease, (the dry cough,) a variety of domestic remedies are strongly recommeded, among which, the frequent administration of the syrup of the common garden turnip, stands pre-eminently popular. It is prepared by cutting the vegetable into slices, and covering them with Canadian (maple) sugar; and another, is the common black pepper, about an ounce of which is placed in a quart of water and boiled down to a pint; to this decoction, as much of maple syrup is added. A few spoonsful—one or two, may be taken during the day, say three or four times,

*But a few days ago, 10th September, such had been the violence of the convulsive cough, that my attendance was called to a young woman (æ. 17) in the sixth month of pregnancy, sinking under great flooding—the waters had been evacuated three days before. I lost no time in effecting the delivery of a living child—it was her first.

(age considered.) Onion and *Capillaire* syrups, are also advised, as highly serviceable as attenuating pectorals.

In the more advanced stages of the disease, (although they may offer preventive advantages, if administered in the first) antimonials, judiciously employed, are our most efficient means to dislodge the constant secretion of mucus in the bronchial cells,* and as an auxiliary, much benefit will also be derived, (as the suggestion of my confrère Dr. Leon Rousseau,) from a solution of about, dr. of tartarised antimony to the ounce of water—to be rubbed actively upon the neck, until small pustules are formed. The counter-irritation thus obtained, has much the advantage of the Tart. Ant. ointment, in as much as the pustules are much smaller, less painful, and producing less objectionable results to the skin.

Opiates, carefully administered, cannot be too strongly recommended, as the most valuable within our reach. As far as regards my own experience I place the utmost reliance on their important effects in every stage of the disease. They suspend the paroxysms, shorten their duration, and, what is of the greatest importance, allay the irritation in the bronchial cells, by causing the excretion of their morbid product, and never fail of diminishing the severity of the convulsive and strangulating symptoms.†

A. Von Iffland, M. D.

DR. FRASER'S CASE OF CASTRATION.

May 31, 1844.—Archibald M'Arthur, ætatis 47—married—a farmer from Chatham, came into town to take medical advice for a painful swelling of the right testicle.

In the winter of 1837–38, after a fatiguing journey, felt, for the first time, pain in the cord of the right testicle, which was followed by a hydrocele of the same side. In 1840, it was punctured by the late Dr. Stephenson, of this city, but the radical cure was not attempted. In 1841, the fluid was again drawn off. In 1842, the patient supplied himself with a trochar with which he has operated four or five times.

From all that I can learn, the testicle has been affected since the commencement of the case, in fact it seems to have been a case of Hydrosarcocele. In the month of April last, it had become incon-

* Well ventilated rooms and change of air, ought not to be overlooked.
† Operating also as an anti-spasmodic and relaxant.

J. C. Mackenzie.

veniently large, hard and excessively painful, for which he consulted a surgeon in the country, who pierced it with a trochar, and injected port wine into the swelled testicle; the effect of this proceeding was a great increase of the pain. He has since been salivated, and had local applications in the shape of ointments, without the least good effect.

His general health has suffered much—he appears to be, what he says he feels, weak and worn out by the pain of the testicle, which gives rise to a constant sensation of burning and occasional violent darts of pain.

The testicle, or rather the tumor into which it is converted, is the size of a large human heart;—posteriorly, the skin moves over it freely, anteriorly and internally it is attached;—it feels uniformly hard all over, except at its lower and anterior part where there is a spot which presents a feeling of fluctuation, the skin over it is irritable and it has been probably caused by the irritation produced by the ointments lately applied. The cord is thick close up to the external inguinal ring, in entering which, however, it appears normal.

The point alluded to above as indicating matter was opened and an ounce of healthy looking pus obtained.

An exploratory puncture was also made into the hardest part of the tumor, when a little bloody serum only escaped;—the point of the canula in the tumor felt as if it had reached into a cavern, as it could be freely moved about.

After hearing the history and making the examination briefly narrated above, I had every reason to believe from both the general and local symptoms, that the tumor into which the testicle had degenerated had assumed a malignant action, and without hesitation recommended an operation, as the only means by which he could get rid of the disease.

In this opinion I was joined by Dr. Bruneau, whom I consulted on the occasion, and who kindly assisted me in carrying it into effect;—the patient willingly assenting; on the 2d June, the operation was performed in the following manner:

Having removed the hair off the scrotum and marked the line of incision by which a portion of skin of an eliptic shape, two inches in its longest diameter and one inch in its smallest diameter, was to be removed with the testicle, we placed the patient on a table, his head resting on a pillow and an assistant on each side of him. The

testicle being grasped by the left hand the first incision was made through the skin and cellular substance extending from the external abdominal ring to the lowest part of the internal side of the testicle. I proposed before commencing, to tie the spermatic artery before cutting the cord, but this proved more difficult than was foreseen, owing to the enlargement of the testicle advancing so near the ring that little room was left for operating, as well as to the profuse venous hemorrhage and hypertrophy of the Cremaster Muscle. I therefore abandoned the idea, but to prevent the cord from retracting passed a ligature round it, as close to the ring as I could,—cut it close to the ligature and dissected out the testicle. Two spermatic and one scrotal artery were tied—the wound was then cleared of clots and brought together with stitches, adhesive plaster and a bandage being applied the patient was put to bed.

The mass thus removed weighed 15 oz. a longitudinal section presented the following appearance.—Three cysts, the two uppermost containing very fœtid and unhealthy looking pus—the lower a fleshy hepatized looking substance apparently the remains of the testicle—between these cysts and the surface the mass was carcinamatous.

June 3, 10 A. M.—Passed a good night; no hemorrhage nor pain unless he moves;—Pulse 88; skin pretty natural, tongue thickly furred;

R. Mass Pil. Hydr. gr. V.
Pul. Ipec. gr. 1.

Fiat Pilulae II.

Hora Somni Sumend.

Cras Mane Ol. Ricini ozss.

Low Diet.

June 4, 10 A. M.—One motion from bowels, feels comfortable. Pulse 80, weak, much inclined to sleep. Quiescat.

June 6.—Dressings removed, wound partly adherent by the first intention, but the greater part suppurating; after cleaning, the wound was again brought together with adhesive plaster, simple dressing and bandage applied; this was repeated every day till the 10th when Liston's red wash was substituted.

Without entering into minute details, suffice it to say that the wound granulated kindly, though owing to the heat of the weather cicatrization was not complete till the 15th July, about which time the patient left for the country, his general health much improved;

generandi cupido et facultas non diminuuntur; and well pleased to be rid of so troublesome a companion.

I should have stated that there was some effusion into the left Tunica Vaginailas, and that previous to his leaving, I passed a needle armed with thread through it and left it in the form of a Seton for three days with the view of provoking sufficient irritation to produce a radical cure; irritation enough was produced by this simple means but whether a radical cure was accomplished I am unable to say as the patient left so soon as the irritation subsided for the country. I understand his general health continues good and that he is able to attend to his busines as a farmer.

DR. HOLMES' REMARKS ON DR. NELSON'S COMMUNICATION.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

MESSRS. EDITORS,—In the last number of your journal appeared a paper by Dr. Nelson in reference to the case of Champeau, and the difference of opinion between him and me as to the conclusions to be drawn from the *post mortem* appearances. Judging from the general tenor of the article, one might be led to suppose that I had indulged in some unnecessary animadversion upon the practice he had adopted. The contrary, however, is the case; for, having been called on by the Coroner to examine the *body*, and to report *thereon*, I strictly, in my evidence, adhered to stating what I saw, and the inferences that might be drawn therefrom. I beg your readers to keep in mind that the subject, though much amplified by Dr. N.'s method of treating it, is confined to very narrow ground, and resolves itself into the question: *What are the pathological appearances requisite to establish the pre-existence of inflammation of the peritoneum?* This question is the principal one in which I am directly concerned, and I might confine myself to it, but, making it the chief subject of the present paper, I feel that I cannot altogether pass over other matters in Dr. N.'s essay.

Before entering on the subject, however, it is necessary that I should present to your readers a measure of the *value* to be put upon the quotations with which Dr. N. has endeavoured to support his opinion. Having broadly stated an opinion in opposition to all the pathologists of the age, he has endeavoured to sustain it by quotations from various authors, the contexts of which are directly

at variance with the position he has assumed. Without comment on the fact, I shall proceed to the proof of what I have asserted.

On page 165 are double columns, one containing the appearances said to have been observed on dissection of Champeau—the other, the appearances which (Dr. N. says) are laid down by the best pathologists of the age, as denoting the existence of previous inflammation of the peritoneum.

Should one not have supposed that these quotations were to contain the real opinions of the authors? Could one have imagined that they were extracts cut from the body of the text, ***and containing only just so much as was favourable*** to Dr. N.'s assertions, and adapted to the view he had taken of the results of peritoneal inflammation? Let the extracts speak for themselves. Following his example, I shall divide the page into opposite columns; one containing Dr. N.'s extracts,—the other, the whole passages, italicising what he has omitted or refrained from quoting.*

DR. N.'S EXTRACTS.	SAME EXTRACTS WITH CONTEXT.
In some cases of peritoneal inflammation the secretion of the membrane is suspended, and it becomes dry.—*Cyclo. Pract. Med.*	*Serous effusion, as we have before observed, may take place very early in this disease.* (This immediately precedes Dr.N.'s extract, which is a note to the above.) Redness and thickening——of peritoneal inflammation: *but it is* ACCOMPANIED *or quickly* FOLLOWED *by effusions of serum and lymph, which have been supposed to be separated simultaneously.* (And a little lower.) *This effusion of lymph may take place a very short time after the commencement of inflammation.*
Redness and thickening may be considered as the first effect of peritoneal inflammation.—*Cyclo. Prac. Med.*	
En général les traces d'inflammation sont d'autant plus marquées que la maladie était plus avancée, et plus intense. Quelquefois une injection extrêmement fine et abondante s'est offerte à l'examen." "Bayle, Broussais, et autres, ont vu a la suite de la peritonite aigue, la rougeur, l'épais-	En général, &c. &c. Bayle, Broussais, et autres, ont vu à la suite de la peritonite aigue; 1o. la rougeur, l'épaississement de la membrane séreuse et des escarres, *d'espace en espace qui pénétraient jusqu'à la muqueuse;* 2o *une exudation solide en forme de fausses membranes servant aux séreuses de*

* In reference to some of these quotations, it is necessary to remark that Dr. N. seems to wish to put me in the false position of having denied that redness and injected vessels constituted signs of previous inflammation. The absurdity of this must be evident, for my denial of the redness found in C. being sufficient to prove inflammation, is a very different matter from denying that redness is *one* of the marks by which inflammation may be recognized. This explanation will suffice to take away all force from the two first quotations, viz. "the celebrated Scoutetten says, Inflammation of an internal membrane will, in every case, leave marks of increased redness after death"; and again, "as the inflammation advances, the blood-vessels become evident and numerous." Because redness and vascularity are found after inflammation, it by no means follows that they cannot exist without it.

sissement de la membrane séreuse et des escarres."—*Dict. Scien. Med.* v. 40. p. 507, *et seq.*

moyen d'union toujours sans organization; 3o. une exudation liquide tantôt trouble, tantôt limpide ou rougeâtre. On a trouvé presque toujours, dans la cavité abdominale, plus ou moins de matière séreuse, purulente, &c.

La plupart des Peritonites aigues, qui sont suivies du retour à la santé, déterminent par des adhérences organisées.—p. 512, 513.

Le défaut d'exudation n'a lieu que dans les première periodes de l'inflammation, ou les membranes séreuses sont chargées de sang, qui empêche la serosité de suinter de leur surface libre.

D'après l'opinion de Bichat, ces adherences intimes sont occasionnée par un defaut d'exudation dans les deux portions contiguës d'une membrane séreuse enflammée. Or, le défaut d'exudation n'a lieu, &c.—p. 508.*

Les membranes séreuses ordinairement si blanches et si tenues, &c.

Les surfaces séreuses enflammées ne sont presque susceptibles d'aucun gonflement dans les premiers jours de la maladie; elles sont alors sèches, et aucune exhalation ne s'y effectue.—*Ibid,* 41, 431.

On the next page (432) occurs the following passage:—

"*Les adhérences organiques sont une suite très commune de la résolution dans les phlegmasies séreuses: il parait même que cette terminaison* (i. e. resolution) NE PEUT AVOIR LIEU QUE DE CETTE MANIERE *et par une sorte de cicatrization ou d'union des parties enflammées.*"—Dict Sc. Med. 41, 432.

Ecchymosis not unfrequently takes place when the inflammatory action is very violent.—*Macintosh* v. 1, p. 22.

(*Serous membranes.*)—*When inflamed, red vessels are seen during life, and an effusion takes place either of serum or of lymph, or of both. Sometimes the effusion is limpid; at others turbid, like whey; at other times, &c. Often large masses of coagulable lymph are discovered glueing the parts together. The quantity of the effused matter is sometimes small, amounting only to a few ounces; at others, there are several pounds. It has occurred to me frequently to see ten, twelve, and twenty pounds in one side of the chest. A bloody effusion is sometimes found, more particularly in the abdomen.* Ecchymosis not unfrequently takes place when the inflammatory action is very violent.†—*M'Intosh on Inflammation.*

Sometimes the membrane seems as if it were minutely injected.—*Good,* v. 1, p. 505.

Sometimes the membrane seems as if it were minutely injected, while, &c.

This passage in Good is a mere translation of that already quoted from Dict. Sc. Med. It is immediately followed by its continuation beginning, "Bayle, Broussais, et autres," &c.

* This is certainly an unfortunate passage, for Dr. N.'s idea "that those (viz. adhesions, &c.) are the products of slow or sub-acute inflammatory action,"—especially when it is known that the author is speaking of cases which got well, i. e. terminated by resolution.

† Be it remarked that this is spoken not of the peritoneum particularly, but of inflammation of serous membranes generally, and refers to ecchymosis on the free surface or into the cavity and not on the outer surface as occurred slightly in C.'s case.

The two last quotations in the list I have not been able to find, though I looked over with some care the articles Inflammation and Peritonitis in the Cyclopædia—the pages referred to (270, vol. 2, et seq.) contain yellow fever.

Following these come extracts from Dewees and Macintosh, the intention of which it is not easy to perceive, except it be to induce the belief of there being considerable obscurity in these cases, and therefore the probability of my partaking of the ignorance of these great men. But though it may be difficult to know the reason of the quotations, it requires no great acuteness to divine why the passage in one of these authors should have been cut in two, and only the half exhibited, seeing that the other half, in explaining the ignorance of Cullen and Gregory, points out the existence and the cause of the very thing which it is my purpose to establish, viz. effusion as the result of peritoneal inflammation.

The pathology of peritonitis was not understood till lately. Cullen was ignorant of it, and so was Gregory, I believe to the latest period of his life. —*Macintosh*, v. 1, p. 270.

The pathology of peritonitis was not understood till lately: Cullen was ignorant of it, and so was Dr. Gregory, I believe to the latest,period of his life. *Many people of the present day cannot fancy how it comes to pass that there is so much effusion with so little vascularity; but there is now no doubt that the effusion is produced by inflammation of the peritoneum itself.*—*Macintosh*, v. 1, p. 212, *Ed. Ed.*

Having now cleared the way for the consideration of the subject, I shall proceed to examine the correctness of Dr. N.'s position. He has rightly stated that "the medical gentleman to whom he was compelled to allude," did "rest his conviction that there was no inflammation, on the absence of effusion, coagulable lymph; also, on the absence of any new adhesions." This, then, is the point on which we join issue; for Dr. N. adds, "forgetting that those are the products of slow or sub-acute inflammatory action, and when present, prove that it had been protracted and passed through some of its phases."

It would be useless to adduce personal observations, as they might be met by personal observations of a different character. I shall then rest the conclusion on authorities of books, certainly not written (to use Dr. N.'s words) expressly to bear me out in this case.

In treating this subject it will be necessary to prove, first, that effusion of serum or lymph, and the existence of adhesions, are always to be looked for in acute peritonitis; and, secondly, that

these are not confined to "protracted" cases, "which have passed through some of its phases," but that they are the almost inevitable result of intense inflammation within a short time.

1st. That effusion of serum or lymph, or both, and adhesions, are the results of recent acute inflammation of serous membranes, and among them the peritoneum, is a fact so constantly mentioned by recent pathological writers, that the difficulty is not to find, but to select authorities. Several of those already quoted furnish abundant evidence of this assertion; but to make the matter still clearer, I shall bring forward several of the best and most recent English authors, and a few French :—

WATSON, LECT. ON INTLAMMATION, vol. 1, page 155.—"But whatever may be the intimate cause of serous effusion, it is one of the *earliest events of inflammation*, and in some cases it is its most important event.——The quantity of serous fluid poured out is often immense."

IBID, page 157.—"A third event of inflammation is the effusion of what is called coagulable lymph.——But the most striking examples of the effusion of coagulable lymph are to be seen on the surfaces of inflamed membranes; it forms a web or layer, which by degrees assumes, itself, a membranous appearance, and is accordingly called by morbid anatomists a false or an adventitious membrane. Sometimes several layers of this kind are spread over each other, forming adventitious membranes of great thickness. When coagulable lymph is thus poured out between membranes that are habitually in contact with each other, it often causes them to cohere, just as two leaves of a book may be made to stick together by a layer of paste put between them. This result is very common indeed with serous membranes, especially the pleura, the pericardium, and the peritoneum."

Vol. 11, page 178.—The inflammation of serous membranes is characterized by———; by its tendency to spread; by the effusion of serous fluid, and of coagulable lymph, &c.———False membranes belong to it, and the agglutination of contiguous surfaces."

ALISON, OUTLINES OF PATHOLOGY, vol. 1, page 96.—"The tendency always observed, even when the changes in question are of short duration, to effusion from the blood vessels of some new products, speedily assuming, in most instances, the form either of coagulable lymph or of pus. It is true, that there may be inflammation either of so slight intensity or of so short duration, as never to show these its usual consequences: *but we may lay it down as a rule, never to apply the term, except* in cases where we are satisfied that the tendency to

these effusions exists, and that if they do not appear,it is only because of the minute scale, or the rapid abatement of the diseased action."

IBID, page 174.—"Acute inflammation of serous membrane is that which spreads most rapidly and excites most pain and fever, tending first to the effusion of serum and lymph, then certainly to that of pus."

WILLIAMS, PRINCIP. OF MED., page 215.—"The effusions from inflamed vessels, at an early period, are much the same as those from tense congestions and determimination of blood: but they commonly occur in greater abundance, contain more animal matter—at first a thin serum—but soon fibrin is also effused."

IBID, page 222.—"In serous membranes, the vessels being comparatively few, admit but of little enlargement, and the effusions, not being retained by complexity of structure, soon overflow externally and chiefly accumulate in the most dependent parts of the serous sac."

IBID, page 240.—"Effusion so closely attends the process of inflammation, that the symptoms of effusion have been comprehended in those of inflammation."

IBID, page 252.—"Resolution is always attended with some amount of effusion."

MARSHALL HALL, PRINCIP. OF MED., page 7.—"Inflammation does not subsist long without more or less effusion, either of albumen or serum in recent inflammations; of albumino-fibrine or lymph in the less recent or of both;—events of vast importance."

IBID, page 17.—"In the lower degrees of inflammation we observe the effusion of serum: in higher degrees of inflammation we see the secretion of albumino-fibrine or coagulable lymph."

JOHN HUNTER, ON BLOOD AND INFLAMMATION, LOND. ED., 1828, page 387.—"In all large cavities, where we can make our observations with certainty, when in the state of inflammation, we find diffused over the sides, or through the cavity, a substance exactly similar to the coagulable lymph."

CYCLOPÆDIA OF PRACTICAL MEDICINE, ARTICLE INFLAMMATION, BY DR. CRAWFORD, vol. 2, page 765.—"The surface of an inflamed serous membrane soon becomes covered, wherever the inflammation extends, with a very thin layer of an apparently albumino-gelatinous substance."

IBID, ARTICLE PERITONITIS, BY DR. STOKES, page 303.—"The more common appearance of the peritoneum consists of a deposition of false membrane, co-existing either with the milky flocculent fluid or with pus, or a fluid entirely limpid."

IBID, page 303.—"Quantity of fluid effused in peritonitis varies from a few ounces to several pounds."

ELLIOTSON, LECTURES, page 843.—"(In peritonitis.) After death,

the appearances found are nothing but those *which are usual* in inflammation of a serous membrane; for example, a quantity of serum of a whey colour, more or less turbid, with flakes of fibrin; and the fibrin is frequently effused in a gelatinous form; and perhaps adhesions are thrown out, so that there are bands."

See also Abercrombie, page 155; Baillie, page 127; Symonds in Lib. of Medicine, vol. 4, page 142.

The authorities I have quoted are surely amply sufficient to establish my first position; but it may still be satisfactory to know the result of the observations made by the celebrated pathologists of the French school.

DICT. SCIEN. MEDICALES.—"Un phénomène qu'on remarque quelquefois et qui est commun à toutes les inflammations sereuses, ce sont des adhérences plus ou moins nombreuses dans les diverses portions de la surface polie du peritoine."—Vol. 40, p. 507.

Andral, well known as among the chief:

CLINIQUE MEDICALE, vol. 2, page 551.—Obs. 4.—"Peritonite par violence extérieure, (coup de pied de cheval,) le malade succomba de 5 ou 6 jours. Ouverture du cadavre 'la cavité du peritoine est remplie par un liquide semblable à du petit lait non clarifié, au milieu duquel nagent des flocons blanchâtres, dont plusieurs sont étendus en couches, &c."

BROUSSAIS, COURS DE PATHOLOGIE, tom. 2.—"L'Ouverture des cadavres, dans la peritonite aigue, montre plusieurs états.———D'autre fois, il se forme une exudation pseudo-membraneuse, épaisse, qui fait adhérer les intestins. Dans d'autres cas, il se forme un liquide abondant, purulent—le plus souvent l'épanchement etant copieux ressemble à du petit-lait."

BROUSSAIS, HISTOIRE DES PHLEGMASIES, vol. 3, page 386, 387.—"Les causes les plus efficaces des peritonites, chez les hommes, sont les percussions des corps extérieures, &c. Les hemorrhagies sont souvent le résultat de l'action de cette première sàrie. L'inflammation rouge, sèche,* c'est-à-dire avec peu d'exudation liquide, avec des produits membraniformes, des adhérences intimes organisées, en sont ordinairement l'effet."

These quotatious are surely more than enough to establish the correctness of my first position, viz. that effusions of serum or lymph, or both, and adhesions of the surfaces, are always to be looked for after acute peritonitis. I shall now proceed to prove the second, in doing which the same abundant testimony may be adduced:—

* Observe the term "sèche" means very differently in Broussais from what it is intended to do in Dr. Nelson's quotations—meaning that the effusion is not liquid, but "un produit membraniforme."

ABERCROMBIE, ON STOMACH, 3d Ed.—EXAMPLES OF PERITONITIS, page 158, case 62.—" A girl complained of pain in abdomen on evening of 2d March—died 5th, at night ; duration about 72 hours."

" Inspection.—Whole tract of small intestines presented one smooth uniform surface, being firmly glued together, and the intestines filled up by an immense deposition of coagulable lymph, which was quite soft and recent ; and the membrane likewise adhered to the parietes of abdomen, &c."

" Case 63.—A girl, on 20th, at night, cômplained of some pain of belly, &c.—died morning of 22d ; duration, if we reckon from 8, P.M. on 20th to noon on 22d, which is probably beyond what should be, we shall have only 40 hours. Yet here, on inspection, 'on many places, especially on ilium, there was peritonitis with false membrane.' "

" Case 64.—A gentleman, aged about 60, complained of pain, 17th —died 3 o'clock, P.M. on 20th ; duration 3 days."

" Inspection.—Bowels generally distended, with slight patches of false membrane on small intestines ; but they appeared quite recent. The chief seat of disease was the rectum, sigmoid flexure, and lower part of the descending colon. These parts were covered by a very copious deposition of false membrane, producing extensive adhesions ; and the cavity of the pelvis was quite full of thick pus and flocculent matter."

ROSTAN, MEDICINE CLINIQUE, vol. 2, page 481.—" Lorsque la peritonite s'est terminée par la mort et d'une manière prompte, le peritoine est rouge, injecté, quelquefois violet, ordinairement sec.* On trouve cependant les intestins distendus de Gaz ; agglutinés ensemble au moyen d'une exudation albumineuse concrete. Si la maladie a duré quelques jours, les intervalles des circonvolutions intestinales et la cavité du petit bassin contiennent un fluide trouble, jaune-verdatre tenant en suspension ou laissant précipiter des flocons albumineux, de véritable fragmens de fausses membranes non organisées."

WATSON, page 155.—Whatever be the intimate cause of serous effusion, it is one of the earliest events of inflammation.

IBID, page 159.—Length of time required for the pouring out of coagulable lymph and its organization after it has been poured out, is variable. It is often effused very early. Dr. Thomson found a distinct layer of it covering wounds in less than four hours."

ALISON, page 100.—Within a time, likewise, various but often very short, from the beginnings of these changes, the characteristic effusions of inflammation begin to show themselves."

* For the meaning of "sec." refer to previous note, or to the words following "agglutines," &c.

CYCLOPÆDIA OF PRACTICAL MEDICINE, ART. INFLAMMATION, vol. 2, page 716.—"When serous membrane is slightly inflamed, there is, first, an effusion of a yellowish serous fluid. As the inflammation advances, the surface is lined with a thin layer of a soft viscid substance. This coagulated substance increases in thickness, viscidity, and density with the inflammation, constituting, on the third and fourth day, a distinct plastic, laminated pseudo-membrane."

IBID, page 717.—"A large proportion of this last mentioned matter is formed in violent inflammation, giving the effused fluid a well marked purulent appearance.——The inflammation of all serous membranes is followed by similar results."

ARTICLE PERITONITIS, page 303.—"Serous effusion may take place very early in this disease; but in general it is not considerable in quantity until the affection has subsisted for some time. This is, however, not always the case: in some instances, after 36 or 40 hours, there is a large quantity of fluid effused."

WILLIAMS, page 233.—"Serous membranes give us the best illustration of the history of inflammatory effusion. In acute inflammation in a healthy subject, besides serum, an exudation of fibrin or coagulable lymph, takes place in a few hours."

M. HALL, page 9.—"This latter circumstance, (viz. interstitial effusion,) constitutes œdema, and one of the early effects of inflammation."

JOHN HUNTER, page 680.—"Case of wound of belly by pistol shot; wound received in duel at 7, A.M. of 4th September; died 7, A.M. next morning—24 hours. He was opened. The small intestines were slightly inflamed in many places, and there adhered; (also,) the intestines in many places were adhering to each other, especially near to the wound, which adhesions were recent, and of course slight."

Having now, I trust, established to the satisfaction of every candid reader that adhesions and effusions, of one kind or another, are the characteristic appearances exhibited by peritoneal inflammation, and that these appearances are seen within the period that Champeau's case lasted, I would enquire whether "the medical gentleman" was not justified in concluding there was no peritonitis, since its characteristic marks were absent: whether "he had forgotten that they proved it to have been protracted or to have passed through some of its phases." Dr. N.'s exhortation, therefore, "to avoid dogmatism until fully informed," is only an illustration of a well known parable.

But before going to the case itself, it will be necessary to examine the quotation from Craigie, which is intended as the capstone by which all the preceding are to be secured—by which "the uninitiated" are to be convinced of the correctness of his remarks.

I shall re-quote the passage as contained in Dr. N.'s paper, and must admit the skill with which it is adapted to enlighten the judgment of the "uninitiated."*

1st. "The changes and morbid products may take place either within a short space of time—that is to say, five, six, or eight days."

The obvious tendency of this extract is to have it believed that these changes could not have been met with in Champeau, inasmuch as he lived only three days. Now to know our author's meaning, let us contrast Dr. N.'s quotation with the passage in Craigie :—

The changes and morbid products may take place in a short space of time—that is to say, five, six, or eight days.	The changes, &c.——*and with symptoms and symptomatic fever more or less violent—or within a much longer space of time, and with very trifling and obscure symptoms of general disorder or local uneasiness.*

Is it not evident that this passage, so far from being in favour of Dr. N., is at variance with him. It is intended merely to show that "these products" are to be met with not only in acute cases, (which Dr. N. denies can be,) but also in chronic. The two are contrasted by the violent symptoms and short duration of the one, and the obscurity and lingering nature of the other. The passage, in fact, completely refutes Dr. N.'s assertion, that effusion "takes place when the inflammation has been in part subdued and assumed the chronic character."

2d Extract.—"When inflammation takes place in the peritoneum, it may, under energetic measures promptly employed, terminate, there is reason to believe, without giving rise to effusion"—add "of albuminous exudation."

The intention of this extract must be to show that Champeau having been treated energetically and promptly, the treatment had prevented the effusion.† What would have followed? Craigie says: "No adhesion takes place; the over-loaded vessels gradually return to their usual capacity: the natural circulation and secretions are re-established." He then adds, "This is the only termination by resolution." The case, then, is one of cure. Was Champeau cured? If this were a case similar to Craigie's, what becomes of the highly injected, turgid, and engorged vessels he saw in C.? Was this "the return to their usual capacity"? Again, if we allow, in consequence of the "promptness" of Dr. N.'s treatment, that the disease had terminated in resolution, how can he blame me for not seeing what he had succeeded in

* These extracts are not from a continuous passage, but isolated passages taken from pages 161, 162, 175.

† Observe the inconsistency which, if this extract was intended to be of any use, takes place. This extract is given to show a cause without which there would have been effusion: while in others it is intended to prove that none would take place.

removing or preventing—viz. the presence of inflammation and its products. But I am here obliged to allude to Dr. N.'s claim to *prompt* treatment. C. was wounded about noon on Wednesday; began to complain very much of pain during the night, and was not seen or bled till next day about one. Is this *prompt* treatment? Was it right to let a man supposed to have a perforated abdomen go home and never go near him to ascertain the moment of the onset of inflammation? The application of treatment very shortly after the commencement of the disease, is what Dr. Craigie means by "prompt" treatment. Dr. N.'s case, therefore, cannot come within the category of those which Craigie says (and mark how doubtingly) may terminate without effusion.

3d Extract.—Dr. N.'s case in this quotation is equally unsupported, as it depends upon the former. It directly contradicts his, and conclusively confirms my position.

From the original intensity of the disorder, or from the antiphlogistic measures not being adopted with sufficient promptitude, and carried to proper extent, secretion of fluid takes place in more or less abundance.

In a large proportion of cases, whether from patients neglecting to apply early for advice or from the original, &c.

Now I have shown that "prompt" measures were not applied, and Dr. N. himself asserts that the inflammation was "intense." It is clear, also, it had not subsided by resolution. What, then, had we a right to look for on dissection? Was it not "secretion of albuminous fluid, in more or less abundance?" Yet where was it? Dr. Craigie says, "It is the *natural cure or course of the inflammation*"—that is, if the inflammation do not subside by resolution, it will necessarily pass on to effusion, *for it is its nature to do so.*

I have been obliged to dwell a long time on these extracts from Craigie, because they are brought forward triumphantly to confirm those previously quoted, and I believe I have demonstrated that there is not one of them that bears out Dr. N.'s assertion; on the contrary, that they all recoil upon himself.

But I cannot give Dr. N. the advantage of dismissing his witness, but shall insist on extending his cross-examination. I suppose people would generally imagine, from Craigie being quoted in support of Dr. N., that he entertained similar opinions, viz: that effusion did not take place "till after the inflammation had gone through some of its phases." But Craigie was one of those who, according to Dr. N., "did not write his book to bear him out in this particular case." Certainly not; for we shall find that in picking out the extracts which he has published, Dr. N. must have passed over four pages filled with observations totally at variance with what he is now endeavouring to

prove from the testimony of this same Craigie. He observes, "The train of anatomico-pathological changes has been well described by Hunter, &c. The observations of the first are so good, &c. I place them in the natural order of the morbid process: "The following I give as an example, which I have often observed in the peritoneum of those who have died in consequence of inflammation of this membrane. The intestines are more or less united together, and according to the stage of inflammation this union is stronger or weaker, &c." After continuing the quotation from Hunter, Craigie then remarks: "These may be regarded as the first or incipient effects of inflammation attacking the peritoneum. If after the effusion of lymph, the morbid process subsides spontaneously, adhesions or false membranes are the only traces of the disease. But if the inflammation stops not here, another train of events succeeds;" and he then goes on to describe the various kinds of fluids. Also, at page 164, he says, "The appearances now described belong to the acute form of the disease when it has not proved fatal, and when it has stopped after moderate effusion of lymph. When the morbid action is not so suspended, but continues, both lymph and serum or seropurulent fluid continue to be effused by the membrane."

These quotations sufficiently prove that Craigie, though quoted by Dr. N., is entirely at variance with him.

Having, I think, conclusively proved that Dr. N. is wrong in the general question, I shall address myself to the consideration of the case itself, and its morbid anatomy.

Confining myself for the present to the abdomen, I remark, that there are points on which Dr. N. and I agree, and others on which we differ. 1st. We agree on the presence of redness in some parts of the intestines and omentum, and on the absence of lymph or other effusions. 2d. We disagree as to the degree of redness and injection and on the opacity and dull reddish colour of the membrane.

I have, in a previous note, observed that Dr. N. would seem to impute to me that I did not allow redness as a mark of inflammation. Such is by no means my opinion; but it is decidedly my opinion that every redness, even when to a considerable extent, is not to be set down as inflammation. I shall request your attention, in corroboration of the above, to two or three passages, from recent writers:—

ALISON, OUTLINES, page 147.—"The first effect of inflammation in any texture, often perceptible in the living body, and more generally in the dead body, is congestion of blood in the small vessels, with some effusion of the serous part of the blood. Where the symptoms of inflammation, during life, have been well marked, these appearances may, in some cases, be all that may be found after death. *But if no*

farther effects of inflammation are observed, these are not sufficient of themselves to entitle us to affirm that the part had been inflamed."

CYCLOPÆDIA OF PRACTICAL MEDICINE, ART. INFLAMMATION, page 736.—" There is perhaps no point of pathological anatomy which has given rise to greater diversity of opinion, has proved a more fertile source of error, and remains yet more undetermined, than the exact nature of the morbid appearances, which separately characterize congestions (both active and passive,) and inflammation. This is in fact a subject often surrounded with many difficulties, an ignorance of which has led to the erroneous practice of pronouncing hastily and indiscriminately as inflammatory, appearances of redness, injection, and turgescenee belonging perhaps only to either active, passive, or cadaveric congestion. The following are the only sure signs of genuine inflammation: considerable increase of vascularity, with extravasation of blood and coagulable lymph, and formation of pus, &c."

POST MORTEM BY DR. N.

The whole membrane was opaque, of a dull reddish colour: vessels highly injected; even the most minute were evident and turgid*: the marks of congestion and vascularity were manifest on the left portion; where it was reflected over the pelvis, the vessels were more distinct and engorged: about two-thirds of the lower part of the omentum was of a high rose colour, and most beautifully injected. The spleen adhered firmly to the left side—the result of former inflammation. Stomach at its upper and posterior portion, had the internal vessels highly injected; the mucous coat and vessels easily removed by scratching with the finger-nail.

POST MORTEM BY DR. H.

Peritoneum throughout smooth, glossy, and transparent, without any particular vascularity. The small intestines exhibited, in some parts, considerable vascularity below the peritoneal coat through which the vessels were seen. The omentum was beautifully transparent, except where occupied by fat, which was of a light rose colour, caused not by injected vessels, but general throughout the mass. Spleen, without any signs of recent inflammation, but large and firmly bound to the side by strong adhesions, the result of former inflammation. Stomach perfectly white throughout its whole outer surface. When cut into, it exhibited, upon its lesser curvature, or upper part, congestion and injection of the vessels, with numerous points of ecchymosis, and the mucous coat was softened.

Such are the appearances which I saw in Champeau's abdomen, and which led me to very different conclusions from those of Dr. Nelson. Why we should differ in describing the same appearances, must be left to the judgment of others. I had no previous opinion to support.

Resting, then, on my own observations of the morbid appearances, I declare, in opposition to Dr. Nelson, that Champeau did *not* labour under "intense" or any other inflammation of the peritoneum; and the proofs I bring are precisely those which Dr. N. says I rest on, viz.

* There is a strong contrast between this description and that given in evidence. It is, "The peritoneum was more injected than natural, the omentum red, vessels as if injected."

the soft, glossy, and transparent state of the peritoneum—the transparency of the omentum—the want of exudation of lymph on the surface of the peritoneum, which would have rendered it opaque,—the want of adhesions between the different parts—the want of any liquid effusion—and the want of that degree of vascularity and injection which I should expect to see accompanying the other marks of inflammation.

There are a few particulars still to be noticed regarding these appearances:—

1st. Dr. N. says, "Immediately under the point where the bayonet rested, the peritoneum was ecchymosed about the size of the pulp of the finger." Was it surprising a little ecchymosis should be produced at this point? But what had it to do with the peritoneum? Amounting to little more than a mere stain, it simply lay in contact with the outer surface of the peritoneum: the membrane over it was not changed, but equally glossy as other portions; and the fact of the slight ecchymosis being seen through the membrane, proves that the latter had not become opaque.

2dly. In reference to the omentum, the anterior layer of this viscus was so transparent, except where occupied by fat, that the bag or cavity formed by its layers in passing off from the stomach, was seen so clearly as to have led me to express regret that students were not present to see it, (it being a portion of anatomy not always well understood.)

3dly.—The spleen exhibited no appearance of recent inflammation: it was bound down to the side by bands which, it may be recollected, I examined with care, and they were admitted to be old. Now if the peritonitis arose from the external injury, should we not have expected to find it chiefly developed in the neighbourhood of the part affected,—yet we find the spleen situated immediately inside of the bruised part, and not only so, but morbidly connected with it, and probably, (in consequence of former inflammation,) more disposed than natural to take on disease, exhibiting no mark of inflammation on its peritoneal coat.

4thly. The stomach showed marks of congestion, &c., in its inner membrane—but what had that to do with the peritoneum? Its whole external surface was white, without any appearance of vascularity, except, perhaps, a few of the ordinary vessels; and supposing the apparent inflammation of the mucous coat could have been occasioned by the injury, where should we expect to find it? Would it not be at the point nearest to that which had been injured? Would it not have been the great curvature which lies in contact with the spleen and the injured external parts? Yet instead of that, the part of the

mucous coat which was inflamed, was at the greatest distance from the seat of the injury, viz. at the upper and back part (or lesser curvature). It may be recollected, that, had I not particularly requested it, the stomach would not have been opened, as it appeared on its exterior perfectly healthy,—and my reason was, a curiosity to know whether there would be met with here any of those appearances which by Yelloly and others we are cautioned against, and which Professor Sewall, of Washington, has figured, as being common occurrences in the stomachs of those addicted to the use of spirituous liquors. Any one looking into Sewall's plates, published by the Temperance Society, will be at no loss to account for the congestion and inflammation in the mucous coat of Champeau's stomach.

There is one other discrepancy between Dr. N. and myself, viz. the existence of gangrene of the external parts, which I must notice.

Gangrene is a vital operation, and if present on the surface, would have shown itself before death, and if so, would have been quite distinguishable eight hours after death, that is, on Sunday morning, when Dr. N. and I made an external examination of the body. Yet at this time Dr. N. let drop no expression indicating an opinion of gangrene having taken place. In his paper he quotes from Castle's Manual: "There are some causes which produce death at once by the violence of their operation. A very powerful blow on any portion of the body may destroy its vitality in this sudden manner." "Where, there has been so violent a degree of contusion as at once to destroy the organization of the part, the patient scarcely suffers any pain at all." He then adds, "Champeau complained of no pain in the loins, where the severe contusion was." Was the vitality of his loins then destroyed? If so, where was the sphacelus, the pourriture that might have been expected in three days and a half, especially when the dead part was macerating in poultices? It is true, a few bubbles of air and some oozing of sanious fluid were observed, though not, (as far as I can recollect) bearing out his expressions, "Bubbles were constantly escaping," and "continued oozing of bloody serum." Dr. N.'s words in his evidence were, "a bloody serum was exuding from the smaller wound, with particles of air."

The appearance of the two wounds I particularly stated at the inquest. The front wound was perfectly free from discoloration around it: the back wound was surrounded by a livid (that is, a black and blue,) circle of perhaps four inches in diameter; the whole back of the body was discolored by the gravitation of blood which usually ensues after death; there were no vesicles on the skin, and no appearance of the cuticle peeling off.

But twenty-eight hours after, when we again met to open the body,

two vesicles had been formed, containing bloody serum* ; and the cuticle was loose and easily detached. It is to be recollected that this was thirty-six hours after death,—that the thermometer stood at 73 in the middle of the day,—that the patient's side had been kept covered with poultices,—and that the body was kept lying on its back,—thus favouring the subsidence of the blood towards the wound ;—all which circumstances are quite enough to account for the blisters and the detachment of the cuticle, without having recourse to gangrene, of which no evidence was visible twenty-eight hours before.

The state of the muscles within, though evidencing previous inflammatory disease, being softened and infiltrated and darkened, can scarcely warrant the term "decomposition" or "disorganized" as applied to them. The language used in evidence is much less strong than that employed in his paper. He says : "The lower wound was from an inch to an inch and a quarter deep, very much bruised ; the whole lumbar region, considerable effusion, part soft."†

Having concluded my remarks on the pathological evidences of peritonitis, and having used these evidences as applicable to the case of Champeau, my task I should have considered accomplished had not Dr. N. sought to fortify his case in a manner which would lead one to suppose he wrote *ad captandum vulgus* rather than for the information of the medical profession. For instance, was it news to the profession that a perforating wound of the abdomen is exceedingly dangerous ? Was it necessary to quote J. Bell to prove this fact ? And after it was proved, what had it to do with the case of Champeau, whose wounds were not perforating, but only what are called flesh wounds ? Or again, was it not equally unnecessary, if he wrote for the profession, to bring forward authorities to prove that peritonitis is often induced by external injuries ? What was to be gained by proving that a cause sufficient to produce peritonitis had existed, if afterwards its signs were found absent ? But who, however willing to admit such external injury, would place any reliance on it, as proving that peritonitis did exist ? Where was the need of double columns to show the comparison of C.'s case with the accounts of authors ? The profession certainly did not need to be informed of the symptoms of peritonitis. Dr. N. relies (as he was justified in doing) upon symptoms as indicative of the disease ; and had we had no opportunity of post

* These vesicles, though formed many hours after death, Dr. N. called "gangrenous vesications,"—by which expression he must have intended that they were the consequence of gangrene occurring during the man's life ; for gangrene does not occur after death.

† I think it probable, that had the man lived, suppuration to a considerable extent, with perhaps sloughing of a portion of the cellular and muscular tissues, might have ensued.

mortem examination, the case might have still been one of "intense peritoneal inflammation." But Dr. N. should recollect that such examinations are the correctors of erroneous diagnoses, and where they can be had are the criteria by which we should decide. Judging from the symptoms detailed, following an apparently efficacious cause, I should not have hesitated to admit this to be a case of peritonitis; but enlightened by the post mortem, I hesitate just as little in declaring that it was *not*. How, then, it may be asked, can you account for the symptoms so closely resembling peritonitis? Before answering, I shall remark on some discrepancies between Dr. N.'s statements at the time and those detailed in his paper. Dr. N. told me that Champeau found most relief by sitting up upon an arm chair, while in the paper he says, "he could only lie on his back with his legs up,"

Again Dr. Nelson, at the post mortem, seemed as much surprised as any at the evidence of bruise in the loins: yet in the case he writes as if C. had told him he received the bayonet wound behind at the same time as a violent blow from some blunt instrument. In evidence, Dr. N. says, "I found towards the back-bone a wound (a small one) and told him that was where he was wounded: he said 'it was nothing, it was only a poke.'" Again, "I can attribute his death to no other cause, than the bruise or contusion on the left side: we inferred that it must have been a blow by all the appearances, and could scarcely think it could have been done by a bayonet."

Dr. N. says in his evidence: "I saw him in the course of the afternoon (Friday), still in a favorable situation, though he felt weak; gave him gentle diffusible stimulants—took tea with some relish. On asking if he would like a little broth, he took some—saw him several times up to eleven o'clock on Friday night, all the functions free—gave him an anodyne.

Dr. N. says in the case: "Saw him frequently in the afternoon: vomited three or four times: approaching collapse: slight hiccough: ordered mild diffusible stimulants. 10, P. M. weaker still: cold clammy sweats, hiccough; opium and hyoscyamus, camphor, &c."

And now to reply to the question which I have supposed might be asked. What other disorder could have produced such symptoms? I reply that inflammation of the external parietes, (muscles and fasciæ), which did exist,* might have produced many of the symptoms: for instance, the great pain on motion; the necessity of keeping the muscles relaxed by drawing up the feet: painful respiration; the high fever; headache; flushed face; abstracting which, the remaining symp-

* Dr. Nelson in evidence says "there was a swelling and fulness over the left side of the abdomen down to the groin, and considerably large, extending backwards.

toms are not characteristic: while there are several well known symptoms of peritonitis absent, viz. the face grippée (or contracted and distressed)—vomiting was slight and only occasional. Dr. N. told me, (if I did not mistake,) that he had no pain or tenderness on the right side, while peritonitis spreads rapidly over the whole.* Also, if he felt most relief in the sitting posture, though with his legs up, it was not the usual posture for peritonitis.†

It may be expected that I should give an opinion as to the treatment. On this point I remark unequivocally, that I consider Dr. N. justified, according to the circumstances and symptoms of the case, in treating it as peritonitis. The symptoms bore a general similarity to that disease, while the wound (being supposed to have entered the belly) would seem a sufficient exciting cause. So far from blaming Dr. N. for the "promptness and energy" of his treatment, I should rather find fault with his deficieney in these respects. He can scarcely be justified in having left the patient remain twenty-four hours from the time of receiving the wound, without seeing him, knowing, (as in his quotation from Good,) that "bleeding, both general and local, should be carried into effect with all possible speed;" and how likely a patient, ignorant of the nature of the wound would be to neglect the primary symptoms. The violent pain, Dr. N. stated to me, came on during the night, yet he was not seen till one o'clock the next day, a delay probably productive of important results on the subsequent features of the case. Again, after treatment had commenced, and when the restriction of the pain and tenderness to the left side seemed to point out a local rather than a general peritonitis, why was local bleeding (so efficacious in such instances, especially after a general bleeding, and when by it the inflammation had only been checked and not subdued,) not had recourse to by the imposition of a large number of leeches ?‡ These would

* I find in the written evidence Dr. N. is reported to have said, referring to C.'s state towards the close, "There was always pain upon pressure in the right side toward the groin." I am disposed to think this a mistake, as nothing had been said before of the right groin.

† I offer in confirmation of these remarks an extract from a favourite authority of Dr. N.:—

"Mais il y a d'autres maladies avec lesquelles on pourrait la confondre: ce sont certaines affections rhumatismales OU PLUTÔT L'INFLAMMATION DES MUSCLES DE L'ABDOMEN, &c." "Il y a peu de temps qu'un medecin de ma connaissance, fort instruit, croyant avoir affaire à une peritonite chez un jeune homme qui présentait en apparence les principaux accidens de cette maladie, &c. Le malade mourut, et à l'ouverture du corps au lieu des traces d'inflammation qu'on s'attendait à découvrir, on vit que les intestins étaient réunis en bloc, et noués dans une portion de leur étendue."—*Dict. Scien. Med., art. Peritonite, page* 505.

‡ "Topical bleeding is of much efficacy—of greater efficacy perhaps than in most other forms of abdominal inflammation: the surface of the belly should be covered with leeches."—*Watson*, vol. 2, page 353.

"Having allowed the patient to recover from the faintness produced by the general bleeding, leeches should be applied in numbers proportioned to the urgency of the symptoms and the strength of the patient. They should be specially concentrated over the part where most pain and tenderness on pressure exists."—*Stokes, in Cyc. Pract. Med., article Peritonitis, page* 306.

have been peculiarly beneficial for the external inflammation, of the existence of which, or at any rate its importance, Dr. N. did not seem to have been aware, as evidenced by his surprise (in common with others) at the state in which the lumbar region was found.

But while I exonerate Dr. N. from blame in treating the case as one of peritonitis, I cannot help believing that the treatment contributed to bring on the fatal result. Dr. Nelson, in the last paragraph of his essay, seems to have abandoned the peritonitis as the cause of death,* and to attribute that event to the "collapse, resulting from the violent contusions." Now, in the supervention of a state of collapse terminating in death, I agree with him; but I attribute it to a compound cause, arising partly from the injuries themselves and their consequences, and partly from the operation of other depressing powers, among which I place the free bleedings which he underwent.

In my evidence before the Coroner, I stated: "I am of opinion that the wounds made by the instrument, front and rear, were not enough of themselves to cause death. I do not think there was evidence from the state of the body of what the man died, and I cannot state what was the immediate cause of death. I do not think either of the bayonet wounds (which I presume they were) was enough to cause death. I am decidedly of opinion that his death was not caused by the wounds above described; the wound in front was what is called a flesh wound, because it did not penetrate into the cavity."

At the time of the inquest, coming immediately from the examination of the body, in which I had expected, and had been disappointed in meeting with, all the marks of violent peritoneal inflammation furnishing decisive proof of the cause of death; not believing the existence of the gangrene alluded to by Dr. N.†; and imperfectly aware of the course of the case, I conceive I was not warranted in propounding a more decided opinion. As far as I considered myself well informed, I gave a most decided testimony: where I was in doubt, I conceived myself unwarranted in giving opinions. I did mention "that people sometimes die in an extraordinary manner, without physicians being able to assign a cause,"—a fact well known to every one much conversant with disease‡: the accession of collapse or sudden

* "The immediate cause of the deceased's death was intense inflammation, caused by the first wound, in addition to the other injury." Again, "Either wound might have caused his death." Again. "The wound in front might not have caused his death alone."—*Dr. N.'s Evidence.*

† Indeed I do not recollect Dr. N. having expressed that opinion at the post mortem, and I believe the first intimation of it I received was in listening to his evidence.

‡ "It is apt to take us by surprise, for it is sometimes very insidious, and sometimes sudden in its mode of accession."—*Marsh. Hall, Pract. of Med. on Sinking,* page 74.

sinking, is not an uncommon cause of death in acute disease ; yet to have said he died of collapse, without indicating the reason of the collapse, was precisely of the same import as to say that I did not know what was the immediate cause of death.

Subsequent reflection and further information have enabled me to come to a conclusion as to the reason of the collapse.

We have in the case of C. a man whose mode of life (boating and hard labour in summer—perfect repose in winter : fond of good living: see Dr. N.'s paper,) exposed him to undue plethora,*—whose system was predisposed to disease, as evidenced by marks of former extensive inflammation about the lungs and spleen. This man, in the spring, is placed in circumstances of strong excitement, accompanied, perhaps, by unusual indulgence in spirituous liquors, and during this state is suddenly subjected to severe injury. He is immediately deprived of the stimulants to which he is accustomed ; suffers extreme pain : his mind is depressed by fears of the result; and he is still further debilitated by large abstraction of blood thought necessary for his disease. It is not very surprising, then, if a man subjected to the conjoined influence of all these causes,—the deprivation of stimulants to which he was accustomed,—the exhausting effect of long continued and severe pain, —the debilitating effect of mental despondency,—and, finally, strong depletion, should have fallen into a state of collapse, from which the powers of a constitution injured by previous disease, and very probably by previous habits of indulgence, were unable to rally.

Regretting that I have found it unavoidable to extend this paper to such a length,

I remain, &c.,

A. F. Holmes, M.D.

Montreal, September 25, 1844.

IMPERFORATE ANUS.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

Gentlemen,

As a brief narration of the annexed case of mal-formation may not be uninteresting to some of your readers, I send it to you for publication.

One of my patients was some time past confined, after a natural labour, of a male child, bearing the evidence of health, the penis being rather large. On the evening of the same day I was inform-

* "It is true, that he was in a state that predisposed him to violent inflammation."—*Dr. N.'s paper.*

ed that there had been two motions, and I naturally supposed every thing right. The nurse showed me that there was no anus and that the meconium was being passed by the penis, and without much apparent difficulty, the urine being voided at the same time, the meatus, or cloaca, as it may in this instance be properly termed, was situated immediately beneath the glans, which had no covering, and in the situation where the frœnum usually is, the glans was large, the organ partly erectile, the transit of the dejections was perfectly visible from backwards; forwards, there was scrotal hernia of the right side; in the median line there was a raphe corresponding to the usual place of the fundament. It was found impossible to introduce a small probe either into the urethra or the continuation of the rectum, its point being arrested by the bottom of the pouch-like opening about half an inch in length.

The infant had manifested symptoms of uneasiness, and the necessity of a speedy operation became imperative; accordingly, I requested the advice of some friends, and made the first incision in the median line, from the rudiment of the anus forward, but with edution, for the absence of probe direction in the urethra rendered me apprehensive of injuring it, and the anormal condition caused me to suppose that independently of perineal there would necessarily be hœmorrhoidal vessels divided; after steadily severing the external parts and a few fibres, which appeared muscular, the childs' cries assisted me,—for now the abdominal action producing aspecies of tenesmus, the rectum was forced down its prominence greater at one part, namely where the flexion of the tube forward commenced, significantly pointed where the opening should be made; dividing yet slowly, I reached the gut and slit it longitudinally about three quarter of an inch; at once a large quantity of meconium, mixed with grumous blood, was forcibly ejected, and the present success of the operation evident. The causes of solicitude now being, whether the sphincter would possess its power and whether the prolonged portion would be obliterated, concerning the first, I need not have felt anxiety, for the stools, from the moment of the operation, were periodical; there was not even stillicidium; of the second I may feel confident, for not a particle of any description has been passed by the orginal opening.

The wound has healed kindly, leaving a hiatus, bearing a precise resemblance to a natural anus, the urine is ejected in a stream, freely, and without pain or difficulty; the hernia has disappeared, and

from present indications, I cannot foresee any untoward result, nearly two weeks having elapsed. Z.

THE MONTREAL MEDICAL GAZETTE,

Omnes artes, quæ ad humanitatem pertinent, habent quoddam commune vinculum, et quasi cognatione quadam inter se continentur.—*Cicero.*

MONTREAL, OCTOBER 1, 1844.

The remarks made by us in our last leader, in reference to the present anomalous constitution and functions of the Medical Board of this District, have drawn down upon our devoted heads the most awful denunciations of a nondescript, although certainly scribendi-cacœthic correspondent of the *Morning Courier.*

Were the arguments adduced by Philo-Medicus, this youthful champion, although "*not the apologist of the Medical Faculty of M'Gill College,*" one twentieth part as tangible or subversive of our position, as the whole tenor of his communication was frivolous, absurd, and intemperate, and evincing that in him

> "Did bile, and wind, and phlegm, and acid jar,
> "And all the man was one intestine war."

we should have considered it a bounden duty to our readers, to have transcribed into our columns the article entire, and calmly and dispassionately argued the matter; but when, from beginning to end, he loses sight of the real subject, and in some places *of the truth,* and indulges in a strain of most unqualified abuse against *the Editor of the Courier, the public, (at least that portion of it which is guilty of countenancing our enormities,) and ourselves,* we must confess we almost feel inclined to dispose of him summarily, by recommending for his future study that interesting fable in Œsop, of the Lion and the Mouse.

But in justice to ourselves, we cannot, on consideration, afford to let him off on such terms, as, from ample information afforded to us, we entertain now not the slightest doubt, that the lengthy affair was concocted with a view to produce, at *this particular moment,* an effect upon the public; but it has only served to convince us more strikingly of the fact, (as it has also done many of that same discerning public,) that

the author of the Miseries of Human Life was entirely ignorant of one of the greatest sources of discomfort to men possessed of over sensitive, and lamentably weak minds, when he omitted from his category, the painful influence exercised by the *pinching of a tight-shoe.* Pretending not to such vastness of erudition, such unerring closeness of logical reasoning, such unquestionable consistency, but above all, such a perfect absence of self conceit, as he would evidently desire to cajole the gentle public into believing that he possesses, we were not at all surprised to find, that after all his initial efforts at parade, and in the absence of *facts* to contradict our assertions, he should descend to the paltry use of personal invectives, under the cowardly protection of an assumed title.

We would strongly, though in all kindness and sincerity, recommend to Philo-Medecus, not to appear as the double of last year's "Honestas," for we have not yet forgotten the severe castigation inflicted upon the bearer of that title by the Rev. Mr. Carruthers, at the St. Maurice Street Chapel, and which must have made the individual referred to quail as beneath the exterminating gripe of a tiger. The advice of the old Roman, "Ne sutor ultra crepidam" had been lost sight of, and the retribution was of a character, which none of those present on the occasion can ever, we fancy, lose memory of; we must advise him, then, to be careful for the future, for men as daring as himself, have unwittingly, by availing themselves of this false security, subjected themselves to very unpleasant, though wholesome correction—

> "Men as daring, and as bold
> Disdaining bounds, are yet by *rules* controll'd—

Perfectly willing, then, as far as regards his remarks levelled against ourselves, to "let the puppy dog bark on unheeded," we shall close this article by a short running commentary on this prodigy of the M'Gill College champion and his tissue of malversation, misrepresentations and absurd deductions, on the *subject* immediately connected with our last leader. The other matters shall not be lost sight of on fitting occasions.

After a most tremendous flourish on the influence of the press, which we have been so much in the habit of reading over for the last twenty years, that it really now comes to our ear, like the commencement of

an old nursery tale, "There was once upon a time;" this juvenile writer favors the public with his reasons for adopting the prœmium above alluded to, namely, a "short editorial eulogy on the Montreal Medical Gazette," (a sin of which the Morning Courier has not been alone guilty,) "its last leading article, and a *parenthetic allusion to a communication of Dr. Nelson's.*" Query. Was not the last the most influential cause of all? He then states, that in spite of "the favorable opinion entertained of our journal," (be informed, too, Philo-Medicus, that this is confirmed by its increasing circulation,) he must register "*his verdict against it, as the decision of a calm, deliberately formed judgment.*" *Judgment!* if he form the same judgment on other matters as he has done on this, we fear the public will be compelled to form but a sorry judgment of several of his qualifications. But what is the cause of this *deliberately formed judgment?* Because it contains so very few interesting or useful articles. We can vouch for it, that none of Philo-Medicus' contributions have ever appeared, and we will pledge ourselves to this, that none similar to that which we are noticing ever shall appear, while we have the direction of the *Montreal Medical Gazette.*

He then goes on to inform the world, that he has discovered something! a Mare's nest? no—the danger of allowing bug poison to be used in our houses? no—but "that an under current of ill-feeling is manifested towards the Medical Faculty of M'Gill College individually and collectively." We laugh at the idea while we write. The Medical Faculty of that College must indeed be tender, vastly thin-skinned, as well as something else, if their collective wisdom can come to a deliberately formed conclusion, that a communication on Peritonitis, another, commenting on circumstances connected with a late case of supposed psoas abscess, extracts of two letters bearing on the same subject, and our last editorial, in which we absolutely contended for the possession by that Faculty of privileges which they do not yet possess, to make their degree what it should be, prove the existence of an under-current of ill feeling towards that body. But this is not all. It is not only against the Medical Faculty of that College that our envy and spite are levelled, "but against the reputation of the school, over which they have presided with so much credit." We must be for-

given by Philo-Medicus, but really for this last word we must substitute, for euphony's sake, "advantage to themselves."

The positions which we assumed in our last leader, then, we maintain to the minutest tittle:

1. That the Medical Faculty of M'Gill College, having the power of conferring degrees, should likewise have power granted to them by the Legislature of at once, (without any farther "*useless formality*,") recommending to the Executive, for license to practice, such gentlemen as they shall have found worthy of their *summos honores*.

2. That the attestation of Foreign Diplomas is not only *legitimate* but *necessary*.

3. That the Board, as now constituted, is entirely dismantled of power.

4. That the District Medical Board should consist of *entirely disinterested members*, of individuals *altogether unconnected with Public Medical Schools*.

And lastly, That the necessity for the existence of a District Medical Board must *ever* be, as it would at all times be the only competent authority for the examination of the Diplomas of strangers, and their attestations.

Such were the positions with which we set out; to such we adhere; such was the meaning conveyed by our expressions; such we have recorded them; and any others promulgated in our name, by Philo-Medicus, or any other person, we hesitate not to declare as wanton misrepresentations, and further, that the promulgators knew them to be so.

In conclusion, we cannot but remark, that the observations made by Philo-Medicus, with reference to political opinions actually entertained by ourselves, are dictated by the same bad taste as that which pervades his whole communication. We are of this opinion, however, that the Members of our Profession, as well as those of its Sister, the Church, should on all occasions feel the influence of strong necessity, before they meddle at all with politics. This has ever been our maxim, and we earnestly and sincerely trust that we shall ever be influenced by it; we have neither the time nor the inclination to wander from the path of duty, connected with that vocation to which it has pleased God to

call us. Disease recognises no political creeds, and surely science has not, and ought not to have, more to do with them.

UNIVERSITY LYING-IN HOSPITAL.

On the 7th ultimo, the University Lying-in Hospital, which was originated towards the close of the last year, and supported, (as was announced in its advertisement,) at the sole expense of the Members of the Faculty of Medicine of M'Gill College, was placed on a permanent basis, by the election and appointment of Ladies Patronesses, Ladies Visitors, and Ladies Collectors.

The ostensible object in establishing this second *maternité*, was the practical instruction of Medical Students in the important department of Obstetrics, and the education of Midwives.

Strange it is that the pressing want of such an establishment had not been felt for upwards of twenty years; yet, perhaps, not so, for we *know* that *three* of the members of the original Montreal Medical School did not approve of patients being under the charge of Midwives at all, but that is no reason why their successors should not have felt "a change come over the spirit of their dreams."

Could we be satisfied that the Lying-in Hospital, founded and conducted by Dr. M'Nider, and which has received, for the last eighteen months, the willing support of the Montreal public, was either inadequate to the wants of the poor of this city, that its management was found to be so faulty as to sanction or demand the withdrawal from it of the confidence of its friends or the public, or that the motives for getting up this second institution, were perfectly *pure*, entirely *charitable*, and *altogether devoid of any actuating cause*, save that of the benefit of those for whom such institutions are recommendable to all civilized communities, we would have wished it a hearty God speed; but until the information received by us can be proved to be incorrect, we must declare our unwillingness to subscribe to the Jesuitical proposition of doing, commending, or sanctioning evil that good may come. Both hospitals are open to students for practical purposes, on the payment of a certain fee.

We perceive that the Lecturers of King's College, Toronto, have announced the Curriculum of Medical study for the ensuing winter's

session. The Course promises to be a complete one; the several branches of the profession are ably represented, and no doubt the students will be numerous.

We see, too, that one of the requisites is attendance at an hospital, where *Clinical* Lectures on Medicine and Surgery are given.

A preliminary, too, to the commencement of medical studies, is a successful examination in the Greek and Latin languages and the elements of Natural Philosophy. This is decidedly the proper; indeed the only mode of action, in an University; for, as the medical examination for the degree of M.D. in M'Gill College now exists, candidates often present themselves who cannot pass an ordinary ordeal in the classics: they have commenced the study, have terminated their periods, and have totally neglected those important branches of a gentleman's education.

We heartily wish them success.

Following the example of the Medical Officers of the Self-Supporting Dispensary, during the last Session, three of the Medical Staff of the Montreal General Hospital, have undertaken to give Clinical remarks to the Students of that Institution during the ensuing winter. That these Clinical Lectures cannot be regarded as a part of the Curriculum of the M'Gill College, is evident, from the fact of the valuable assistance of Dr. Crawford having been secured; but yet it strikes us as a singular coincidence, that Dr. M'Nider, who, we believe, attends at the Hospital during Dr. Sewell's turn, should not have been solicited to take part in this invaluable means of instruction. Verily this does savour too much of exclusiveness and "conservative principles" for us.

As a means of inducing Medical Students to give that attention to Clinical practice, which it so especially merits, the Editors of the *Montreal Medical Gazette* have determined to offer to the Students of Medecine of United Canada, for the best series of Clinical reports, drawn up by themselves, a standard professional work and a complete set of this Journal.—The reports to be either in French or English.

Dr. Von Iffland's paper on Cynanche Parotidæa in our next.

MEDICO-CHIRURGICAL SOCIETY.

August 3, 1844.

F. C. T. ARNOLDI, M. D., in the Chair.

The subject of Chronic Meningitis occupied the attention of the Society this evening, and Dr. A. detailed the histories of three cases, with the post-mortem appearances.

The first case appeared in the person of a boy æt. 10 years, who, three weeks before his death, was seized with gastric symptoms, followed by dilated pupils, extreme deafness, costive bowels, *no convulsions, delirium*—before death, perfect sensibility returned. Three months prior to this attack, the lad had fallen from a tree and was taken up in a state of insensibility. On post mortem inspection, a quantity of serum and coagulated lymph were found on the surface of the convolutions, with ramollissement of the substance of the brain—1½ oz. of fluid in the lateral ventricles, the choroid plexus much engorged.

The second case was that of a youth æt. 24 years, of rather dwarfish make. The symptoms in this case were much of the same kind as in the preceding one, but were soon followed by those of cerebral irritation. 14 years before met with an accident by a fall in Viger Square, and from that time a peculiar soberness of manner and taciturnity seemed to possess him; these were accompanied by peevishness and surliness; from this period, too, the stunting of growth appeared manifest. The second night before death, evinced the greatest irritability, constantly twisting his body about like a boa; he was quite conscious but wild; the pupil was little altered; on bending the arm to feel the pulse, it was observed that a cataleptic position was assumed by the limb, and in which it remained for 25 minutes. He died with all the muscles in a state of rigidity.

Examination after death.—The arachnoid was inflamed and covered with lymph, a quantity of serum effused on the convolutions; the substance of the brain perfectly hard and tough, giving the sensation on cutting it of skimmed milk cheese—no vascular appearance was denoted by arterial points on dissection, but the medullary matter was rosy or almost brown in colour, and the cineritious much darker than usual. This case was interesting, in shewing the two different effects produced on texture by the same cause. There was observed also in this case, at the place where the pineal gland should have been found, a large hydatid.

The third was the case of our lamented friend, Dr. Robertson. The history of his case is too well known to require repetition. The appearances after death were the following. Enormous hypertrophy of the

bony structure of the head, confirmed by the deposit of two bony spiculæ with jagged edges, between the dura mater, forming the falx; engusegement of the sinors, a large quantity of serum between the dura mater and arachnoid; the latter was covered with a thick layer of coagulable lymph, and its texture much thickened; a small quantity of fluid was found in the ventricles; the substance of the brain firmer rather than usual.

EXCISION BY LIGATURE OF AN INVERTED UTERUS.

Mr. Crosse records a case in which complete inversion of the uterus occurred after delivery. It was found impossible to replace it, and after a month the patient becoming exhausted by discharge and irritative fever, Mr. Crosse resolved on removing the organ. For this purpose he applied a ligature, which he *gradually* tightened. The tumour was thus separated by ulcerative absorption, and not by strangulation. The patient recovered in about five weeks and has since "performed conjugal duties without inconvenience."—*Lancet, July* 27.

PROPHYLACTIC REMEDY AGAINST PTYALISM.

Dr. Schoepf, Professor of the University of Pesth, recommends the following tooth-power, while administering mercury, in order to prevent salivation taking place. R. Pulv. alumin ,exsiccat, ǒij., pulv. cinchon. zj. m. To be applied by means of a soft brush morning and evening.—*Ibid.*

LARGE DOSES OF QUININE IN EPILEPSY.

M. Taroni mentions in the *Gazette Medica di Milano* the case of a young woman who was the subject of epilepsy from fright. Failing other measures and the disease manifesting a marked periodicity, M. Taroni exhibited quinine in large doses, beginning with twenty grains daily, and gradually raising the quantity to forty grains, which were given daily for six days, after which the dose was gradually diminished. During all this while the cure was progresssive, and was finally accomplished.—*Medical Times.*

Dr. Hope, who has filled the chair of Chemistry in the University of Edinburgh with so much distinction died on the 18th of June ; and the vacancy thus created has been supplied by Dr. William Gregory of the University of Aberdeen.

ANALYSES OF BLOOD IN DISEASES.

Dr. Scharlau, of Stettin, having sent to Professor Liebig some specimens of blood drawn from patients suffering from various diseases for the purpose of having their amount of carbon and hydrogen determined, Professor Liebig entrusted the investigation to Dr. Herman Hoffman. The specimens, as sent to Giessen, were inclosed in waxed paper, having been dried and coarsely powdered. They were examined by the usual method of organic combustion with oxide of copper, the following results were obtained:—

	Ashes.	Carbon.	Hydrogen.
1. Blood from a patient lobouring under pneumonia which was drawn from the arm and exhibited a buffy coat (1st bleeding)...	4.865	57.428	8.615
2. Do. do. another specimen (2nd bleeding)...	4.081	52.280	———
3. Do. another specimen (1st bleeding).	3.880	51.966	8.543
(2nd bleeding)	3.784	51.149	7.832
4. Typhus...	3.901	54.954	8.542
5. Tubercular phthisis; no buffy coat.....	4.026	58.734	7.451
6. Typhus abdominalis, fifth day; from the arm...	3.209	50.901	8.925
7. Do. do. second day, from the arm (1st bleeding)...	3.108	54.184	8.493
(2d bleeding)...	3.479	55.295	7.945
8. Do. from the head...	4.702	———	———
9. Do. from the vena cava...	3.509	49.281	7.217
10. Do. do...	3.960	45.575	7.897
11. Do. from the aorta...	4.184	———	———

—*Liebig's Annalen.*

CHARACTERS OF THE PULSE IN DISEASE OF THE HEART.

In contraction of the aortic orifice the pulse is regular, and preserves its natural strength and fulness, unless the obstluction be extreme, when it becomes small, weak, and, in some rare cases, intermittent.

In the regur-gitant lesion of the aortic orifice, the pulse is almost pathognomonic of the disease: it is regular, but jerking and receding, and the pulsation of the arteries is visible. This depends upon these vessels being incompletely filled, owing to a portion of blood transmitted by the systole of the left ventricle returning into the ventricle during its diastole. In addition, in this valvular lesion, the radial pulse follows the ventricular contraction at a somewhat longer interval than in the healthy heart. These characters of the pulse will be better marked when the left ventricle is, in addition, hypertrophied and dilated. *Dublin Medical Press.*

INHALATION OF OXYGEN GAS AN ANTIDOTE TO POISONING WITH CARBONIC ACID.

An individual in the course of some pharmaceutical experiments, inhaled a large quantity of carbonic acid. Removed into another chamber, he lay motionless, the eyes closed, and the face a pale yellow, the cheeks, together with the lips, tongue, and hands, were livid; the pupils were fixed and somewhat dilated; all the senses had entirely disappeared; the carotids beat violently; the action of the heart was frequent but weak, the pulse scarcely perceptible, and the breathing weak and irregular. The cold douche, bleeding, and other means were unsuccessfully had recourse to. A quantity of oxygen gas was then prepared, and this he was made to inhale, to the extent of two quarts and a half. In about fifteen minutes he rallied as if from a deep sleep, and recovery was progressive. The use of the oxygen gas is in this case sufficiently evident, We have seen chlorate of potass, which contains a large amount of oxygen administered under similar circumstances, with a most beneficial result. This case is recorded at length in the *Northern Journal of Medicine.*

LONG TUBULAR MEMBRANE EXPELLED IN A CASE OF CROUP.

In a recent number of the Brussels "Journal de Medicine" is narrated a case of Croup, in a child three years and a half old, where a membranous tube nearly five inches in length was expelled during the act of vomiting: on the surface of the tube were several reddish lines which looked like minute venous ramifications. The symptoms—which up to the time of the expulsion had been very alarming—immediately subsided, and the young patient afterwards rapidly recovered.

There was every reason to believe that the tubular membrane was the result of exudation on the surface of the Trachea, and had become dislodged by the violent expulsive efforts of vomiting.

TOBACCO-SMOKE APPLIED TO GOUTY LIMBS.

In M. *Reveillés-Parise's* work on Gout and Rheumatism, we read that "the fumigations of Tobacco—recently proposed by the Abbé *Girod*, canon of Nozeroy, and which consist in exposing the pained part to the smoke of the dried leaves, thrown upon heated coals, for about a quarter of an hour at a time—have been often found to afford great relief: they may be repeated three or four times in the course of the day. To guard against the return of the malady, the Abbé advises the occasional use of a foot-bath made by boiling tobacco-leaves in water."

THE SYMPTOMS OF THE FIRST STAGE OF CANCER IN THE STOMACH.

The symptoms of cancer of the stomach are well sketched in the following passage :—

"Pale tongue, or of natural colour ; mouth clammy, and with mawkish or sometimes a bitter or acid taste ; failure of appetite ; laborious digestion, especially of solids ; discomfort, uneasiness, and sensation of weight almost habitually in the region of the stomach, or dull and deep-seated pain in this region, increasing under pressure, felt when the stomach is empty, but most severe immediately after the ingestion of food ; breath heavy and nauseous ; eructations with disagreable sour and caustic taste ; great quantities of flatus. At a later period the epigastric pain is sometimes lancinating with occasional exacerbations, and gradually becomes continuous ; the bowels grow more and more obstinately constipated, and nausea with slight vomiting of watery, ropy, viscid, and glairy, sour or insipid matter occurs. Still later, a few mouthfuls of food are rejected after meals. The colour commencesto change, and becomes pale, wan, and sallow.—*British and Foreign Review.*

AMMONIA IN DELIRIUM TREMENS.

In one of the recent German Journals, we find a paper by a Dr. *Charn*, on the subject of this troublesome and distressing malady. The learned doctor, having experienced no little disappointment from the use of the remedies in general use, and conceiving that, as the disease is nothing else but intoxication arrived at the period of its *apogee*, it should be treated by the very same means which are known to be most serviceable against the latter, had recourse to the employment of Ammonia, in the form of the pyro-oleaginous solution, or of the Succinate of the alkali. By means of this very simple and innocuous remedy he has succeeded, he assures us, in curing a great number of very severe cases of the disease.

It deserves notice that M. *Brachet*, also of Lyons—a gentleman whose opinions are justly entitled to consideration—has recently recommended the same remedy, Ammonia, in the treatment of delirium tremens.

(Ammonia by itself will rarely suffice to subdue the excitement and allay the restlessness of this neurosis : opium must almost always be associated with it. We have often used, with good effect, the Ammoniated Tincture of Valerian and the Liquor Opii Sedativus—not forgetting the application, at the same time, of warmth to the feet, and of cooling spirituous lotions to the head. When symptoms of febrile or inflammatory irritation are present, it may be necessary to resort to

leeching, and the administration of effervescing saline draughts with Antimonial Wine.)—*Ibid.*

TUBERCLE OF THE BRONCHIAL GLANDS

Is a subject almost unnoticed by British writers; it has been, however, lately investigated minutely by M. Barthez. The symptoms of this disease are obscure, as it is seldom met with alone, but is generally combined with similar changes in the lungs. The author thus attempts the diagnosis. If we observe cough, emaciation, fever, and night-sweats, in a child, between three and four years of age, without being able to detect tubercle in the lungs, brain, or abdomen, we may suspect its presence in the bronchial glands—*Provincial Journal.—Boston Medical and Surgical Journal.*

ACADEMIE DES SCIENCES.

M. le docteur Scoutetten a entretenu l'Académie d'une opération de trachéotomie, qu'il a pratiquée avec succès sur sa propre fille, âgée de six semaines. Ce fait est intéressant à cause de l'extrême jeunesse de la malade, des circonstances dans lesquelles l'opération a été pratiquée, et enfin de la position particulière de l'opérateur qui fut forcé d'agir lui-même pour sauver la vie de son enfant.

Cette petite fille était arrivée à l'âge de six semaines sans avoir rien présenté de notable dans sa santé, lorsqu'elle fut prise tout à coup d'accès de suffocation. Après quelques tentatives infructueuses pour combattre ces accidents, M. Scoutetten chercha à rappeler la vie en insufflant de l'air dans les voies respiratoires. A cet effet, il souffla d'abord dans la bouche de la petite malade, et ne réussit qu'imparfaitement à la ranimer: il passa alors une sonde de gomme élastique dans le larynx, et fit ainsi pénétrer directement de l'air dans les poumons en insufflant avec précaution. La vie sembla aussitôt se ranimer, mais avec la vie, la sensibilité revint, la toux qui se manifesta ne permit pas de laisser plus longtemps la sonde en place, et aussitôt qu'on l'eut retirée, la respiration se ralentit, et on crut n'avoir plus affaire qu'à un cadavre. Cependant la sonde fut introduite et retirée plusieurs fois. Mais enfin il arriva un moment où cette lutte contre la mort ne pouvait plus se prolonger; il fallait recourir à un moyen plus efficace, ou abandonner cet enfant à une mort certaine. M. Scoutetten, qui était assisté de deux confrères, proposa de recourir à la trachéotomie; mais ces deux médecins n'étant point familiarisés avec les opérations chirurgicales, il dut surmonter son émotion et recourir lui-même à cette cruelle épreuve. La trachée-artère fut ouverte, non sans quelques difficultés, tenant, soit à la petitesse des organes, soit à l'émotion de l'opérateur. L'air se précipita aussitôt dans les poumons, et l'enfant, presque complètement

asphyxié, sembla revenir à la vie. Une canule fut introduite dans la plaie ; mais la respiration cessa bientôt, et l'opération aurait été infructueuse si M. Scoutetten n'avait alternativement insufflé de l'air dans la canule, et comprimé dans la poitrine afin d'établir en quelque sorte une respiration artificielle. En même temps on cherchait à rappeler la vie et à réchauffer les parties du corps, dont la mort semblait s'être emparée. Après deux heures de soins assidus, un mieux se manifesta. On plaça une sonde d'un plus grand diamètre, et enfin la respiration et la circulation parurent s'établir plus régulièrement. Il survint encore des accidents sérieux, qui forcèrent d'enlever plusieurs fois la canule, et même de faire une application de sangsues. L'air ne commença à passer par la bouche et les narines que le cinquième jour après l'opération, et la canule ne put être enlevée que le dixième jour. Cependant, M. Scoutetten reçut enfin le prix de tant de soins, et il vit son enfant se rétablir entièrement. Cette demoiselle, aujourd'hui âgée de 15 ans, conserve seulement une cicatrice à la partie moyenne et antérieure du cou. Le timbre de la voix n'est point altéré.

M. Scoutetten a depuis cette époque pratiqué six fois l'opération de la trachéotomie dans des cas semblables ; mais malgré ses soins tous ses malades ont succombé.—*Journal de Médecine et Chirurgie Pratique.*

NOUVEAU MOYEN DE GUERIR LES FISTULES LACRYMALES ET LES LARMOIEMENTS CHRONIQUES, PAR LE DOCTEUR PAUL BERNARD.

M. le docteur Paul Bernard, frappé du peu de succès de l'opération de la fistule lacrymale, a cherché si, en tarissant le cours des larmes, on n'arriverait pas plus sûrement à la guérison qu'en cherchant à maintenir ouverte une voie que le développement des tissus tend sans cesse a combler. A cet effet, sur un sujet qui, depuis dix années, portait un larmoiement de l'œil gauche, contre lequel on avait inutilement employé la canule de Dupuytren, le clou de Scarpa, et différents autres moyens, M. Bernard procéda à l'enlèvement de la glande lacrymale elle-même, qui était considérablement hypertrophiée. Il en retrancha d'abord un lobe assez volumineux, et n'obtint ainsi que de l'amélioration. Deux mois après, il acheva l'extirpation de la glande, et son malade, promptement rétabli, se trouva entièrement débarrassé de son larmoiement.

M. Bernard propose donc de substituer l'extirpation de la glande lacrymale aux autres opérations usitées pour guérir les fistules, tout en ne se dissimulant pas que les avantages de cette extirpation ne sont encore appuyés que sur un seul fait. Nous reviendrons sur ce sujet dès que M. Bernard nous en fournira l'occasion.—*Journal de Médecine et Chirurgie Pratique.*

M. Lafargue, de Saint-Emilion, a indiqué un moyen fort simple pour guérir ces tumeurs érectiles congéniales qu'on désigne sous le nom d'*envies* ou de *nœvi materni*. Ce moyen consiste à faire sur ces tumeurs, et à l'entour, cinq à six piqûres avec une lancette trempée dans l'huile de croton tiglium. Chacune de ces piqûres donne naissance à une pustule qui, grossissant par leur base, finissent par former une masse, dans laquelle la tumeur érectile se trouve désorganisée. M. Lafargue conseille de ne pas pratiquer plus de six piqûres, dans la crainte de causer quelques graves accidents. On pourrait, suivant ce médecin, remplacer l'huile de croton par une solution de tartre stibié.—*Journal de Médecine et Chirurgie Pratique.*

LINIMENT CONTRE LA BRULURE.

M. le docteurt Debourge de Rollot emploie depuis quinze ans, avec le plus grand succès, le liniment suivant, dans les cas de brûlure :

Pr. Chlorure de chaux liquide..... } à parti égales.
Huile blanche..... }

Mêlez bien exactement.

Il faut avoir le soin de faire les pansements avec un linge fin ou mieux avec un taffetas gommé et fenestré, enduit du mélange oléo-calcaire. On place sur ce taffetas un plumasseau de ouate recouvert également de cette préparation.

M. Lafargue, médecin à Saint-Emilion, a annoncé voir guéri un grand nombre de névralgies et même des paralysies légères en inoculant la vératrine à l'aide de la lancette. A cet effet on delaie une petite quantité de ce sel dans quelques gouttes d'eau, et, après y avoir trempé la pointe de la lançette, on pratique matin et soir dix ou douze piqûres sur les points les plus douleureux. Les malades éprouvent une assez vive douleur, qui va croissant pendant dix minutes environ, puis s'affaiblit et disparaît bientôt. Cette médication si simple a souvent dissipé des névralgies très-opiniâtres et même quelques paralysies.—*Journal de Médecine et Chirurgie Pratique.*

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CYNANCHE PAROTIDÆA.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

This epidemic, manifestly contagious, has hitherto, I believe, engaged but very partially the attention of medical writers; being, in general, left to terminate its own course, without the assistance or employment of remedial means, and thereby, as in similar morbid invasions of the system, trusting too much upon those laws of organism,* for correcting and restoring deviation from natural actions to their normal condition. This epidemic, however, having in this section, and at this season, proved much more serious, and much more dangerous, than at any other period of its prevalence, I have been induced, from the great number of cases which have fallen under my own immediate auspices, to note down a few observations.

The disease made its appearance in the commencement of June last, and has only disappeared within a few days. The primary symptoms were as usually described: pyrexia, soon followed with a considerable tumor of the external fauces and neck, but generally

* The Homoeopathic practice of Hahneman, which begins to count so many followers in Germany, is nothing more than pure expectation. So inveterate and deep-rooted are preconceived notions and prejudices, that, accustomed to regard medicines as the only means of combating and curing diseases, the Homoeopathists attribute in their treatment every favourable tendency or change to the undoubted effect of a millionth, trillionth, and even quadrillionth part of a drop of * * * &c., rather than to any conservative actions of the system itself. It seems never to enter the thoughts of many Physicians, that the all-wise Deity, in forming the admirable "piece of work, man," the most complex and refined of mechanisms, exposed to innumerable morbific causes, internal and external, constantly subjected to a vast variety of aggressions, calculated to disturb the harmony of its actions, to disorder its functions, and to disorganise its structure, should have left it without any inherent powers for its conservation and protection.

on both sides; in some cases deglutition became much disturbed, and the fever ran to such height, and was attended with such cerebral disturbances, as to have proved exceedingly alarming, and which, I am persuaded, would, if not timely repressed, by active dephlogistic means, have produced fatal terminations.

In other cases, a sudden secession of the swellings in the neck and fauces has been followed by a considerable disturbance of the whole system; and I would, therefore, urgently recommend the avoidance of such repellent applications, so often and so thoughtlessly employed in similar affections.

What, however, is the most remarkable feature in certain cases of cynanche parotidæa, is the tumor of the testicles in males, and breasts in females, which sometimes succeed the subsidence of the primary affection. In several of the former, not only has the body of the testicles been found enlarged, and extremely painful to the touch, but, also, the spermatic cord and vas deferens—the lower portion of the epididymis remained hard for five and even six days; in the absence of the cynanche parotidæa, I should have pronounced this peculiar *metastasis* "*hernia humoralis*," bearing as nearly as possible all its characteristic symptoms.

In the latter (the females), the breasts were also greatly tumefied. I particularly noticed it in one of my female servants, aged 18, and where the intensity of pain proved so great as to confine her to bed for nearly eight days.

In these secondary affections, the patients received the greatest relief from a common liniment, composed of about 2 drachms of camphor to an ounce of olive oil, adding about 4 or 5 ounces of pure ammonia water.

The fever will, in the milder cases, be efficiently resisted by administering (proportionably to age) small quantities of tart. antimony and water.

A. Von Iffland, M.D.

Yamaska, (near Sorel,) September 18, 1844.

ESSAI SUR L'EXISTENCE PHYSIQUE DE L'HOMME.

Messieurs,

Si nous scrutons les débris des siècles, nous verrons que nous sommes d'anciennes dates ainsi que tout ce qui nous environne. Excrémens de tout ce qui nous a précédé, nous tomberons un jour pour

surgir encore, des siècles s'écouleront sans jamais rien anéantir pas même un seul de nos cheveux.

Soit que nous montions ou que nous descendions dans l'échelle des générations, nous sommes obligés d'avouer que rien dans le domaine de la nature n'est anéanti, que ce qu'elle perd dans un corps, elle le trouve dans un autre, n'existant pas à la vérité de la même manière, puisque ruiné des principes vitaux nécessaires à son mode d'existence, ou plutôt inapte à les recevoir, il est soumis à l'action élaboratrice de la nature pour devenir apte au maintien de son économie: de cette action résultent l'existence des êtres physiques, leurs différens modes et leurs modifications. Le développement de ces propositions fera le sujet de ma thèse.

Après les phénomènes qui se passent tous les jours sous nos yeux, pourrions-nous croire que ceux qui nous ont précédé aient ravi à la nature les principes matériels qu'elle leur avait prêtés pour en faire des acteurs d'un moment sur le théâtre de la vie humaine; non, ils n'ont rien emporté d'elle, tous leurs prédécesseurs ne furent pas plus heureux, et ne nous flattons pas de plus de succès; s'il en était ainsi, qui réparerait les dépenses que fait la nature pour le soutien de millions d'êtres qui se nourrissent à son sein? Toujours prodigue elle serait bientôt vide comme le néant.

Si on interroge ce qui nous environne, on verra que les générations ne sont que des débris des générations précédentes et ont vécu comme nous de tout ce qui les a précédé. Elles n'étaient qu'une combinaison de particules élaborées des êtres n'importe de qu'elle espèce, d'une génération antérieure. Tour à tour elles se sont montrées sous divers modes d'existence. Hommes, ils sont devenus pourriture, de cette décomposition sont résultées d'autres substances; les substances ambiantes y ont puisé la vie et l'accroissement et même la nature déployant sans cesse ses immenses richesses en a formée d'autres animaux soit par une génération simultanée comme celle qui se fait par conception, ou spontanée comme celles de ces animaux résultant de l'action immédiate de principes vivifiant sur la matière. Il en est ainsi de toutes les substances, en se décomposant, elles forment dans la nature un fond commun, où chaque être puisera les principes nécessaires à son mode d'existence; d'où l'on peut inférer que l'homme, comme être physique existe de tout ce qui a existé et de tout ce qui existe.

"En qualité d'êtres physiques, dit Mr. l'Abbé de La Mennais,* les "substances brutes et organiques, l'air, la lumière, l'eau, les plantes, "nous sont immédiatement nécessaires pour nous conserver; nous "vivons dans une dépendance absolue de tout ce qui nous environne,

* Essai sur l'indifférence.—Tome II.

" et pour nous assurer un seul moment d'existence, des millions de " rapports, dont la chaine s'étend du grain de sable imperceptible, jus- " qu'au soleil le plus éloigné de notre systême, doivent se tenir invari- " ables." Il y a entre les êtres physiques une dépendance absolue et réciproque sans préjudice ni pour les uns ni pour les autres, et même c'est en vertu de cette dépendance qu'ils existent.

Sans cesse décomposé et absorbé par les substances ambiantes, le corps de l'homme périrait bientôt, si ces mêmes substances ambiantes ne subissaient pas un changement analogue pour donner au corps en échange de ce qu'elles reçoivent, des principes propres à réparer les pertes qu'il fait et à entretenir la vie en bien. C'est ainsi que les alimens que nous prenons qui ne sont eux-mêmes que le résultat d'une transformation et d'une combinaison des dépouilles des êtres physiques, se transforment en partie de nous-mêmes, pour bientôt se transformer en d'autres substances et ainsi de suite : de sorte que tous les êtres physiques se maintiennent par cette transformation continuelle nécessitée par la dépendance absolue et réciproque des uns des autres.

Ces êtres conserveront leur mode d'existence avec des modifications particulières, suivant le dégré d'harmonie qu'il y aura entre les substances ambiantes et cet être, ou en d'autres termes, entre la substance active et la substance passive considérée l'une par rapport à l'autre. Ils changeront de mode d'existence, quand il ne pourra plus exister de rapports vitaux entre la substance passive et la substance active: c'est-à-dire quand la substance recevante serait inapte à recevoir la vie des substances procurantes, ou que les substances procurantes manqueraient des principes de bien nécessaires à la substance ambiante.

C'est ici le lieu de dire ce que nous entendons par principes vitaux : qu'on nous permette de hasarder notre opinion. Les principes de la nature et les différentes combinaisons de ces principes ont des propriétés différentes et agissent différemment à l'égard de chaque classe d'êtres physiques et même à l'égard de chaque être en particulier. Ces différentes propriétés dépendent non seulement de la substance active mais encore de l'organisation de la substance passive. Ainsi une classe d'être puisera dans les substances ambiantes des principes ou des particules de substances qui, considérées par rapport à cette classe d'être, seront appellés vitaux et morbifiques par rapport à une autre. De là suit que les principes vitaux seront ces particules ou ces émanations de la matière propres à entretenir ou à rendre parfaite une organisation considérée par rapport à sa distinction. Ce principe est évidemment matériel, mais ce n'est pas un principe particulier comme on a voulu se le persuader jusqu'à présent, mais bien tous les principes de la nature, moyennant certaines proportion; et combinaisons nécessaires aux substances actives et aux substances passives.

Concluons donc: Dieu anime l'univers, et comme êtres physiques c'est l'univers qui nous anime; de son action sur notre système résultera notre existence physique avec toutes ses modifications. La manifestation comme le développement des facultés de notre âme sera toujours en raison du développement et de la perfection qu'aura acquis notre organisation, comme j'aurai occasion de le démontrer plus tard. Du moment que nos organes ont pu être pénétrés par la réflection de cette émanation divine, elle y a placé son trône et de ce moment l'homme jouit de l'existence méta-physique. Mais l'harmonie nécessaire pour notre mode d'existence physique est-elle détruite, il ne peut plus y avoir de relation entre l'âme et le corps, puisque les principes morbifiques ont prévalue et nécessité une certaine désorganisation. Alors l'âme se trouve comme une reine qui n'aurait pour sujets que des Automates: elle abandonne son trône.

Le corps de l'homme entièrement sous l'empire des principes morbifiques, doit subir un nouveau mode d'existence: Alors les substances ambiantes continuent d'agir sur cette masse organique, la décomposent, l'élaborent, se l'assimulent, et ainsi la nature répare les pertes qu'elle a faite et peut continuer sa vivification.

Js. M. THYFAULT.

St. Athanase, 15 Octobre, 1844.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

GENTLEMEN,—I had at first intended to have answered all Dr. Holmes' remarks seriatim, but on reflection I found that so doing would occupy too large a space in your journal, and that with little advantage to the profession: for to combat unfounded assertions, false premises, and consequently illegitimate deductions, would neither edify nor instruct—not even the merest tyro in physic; I shall, therefore, be as brief as possible, contenting myself by only rebutting the strongest of Dr. H.'s positions. The whole ponderous production bears a strong resemblance to an eastern pagoda, whose grotesque proportions and meretricious ornaments are of a nature to excite admiration in the uninitiated; while its whole structure causes pain to thinking men, that so much labour and expence should have been wasted on a subject so devoid of intrinsic value and calculated to lead only to error.

It is very unfortunate that a Professor of Medicine should evince so determined a disposition to distort facts and to strive to render the worse the better cause: should the Doctor manifest a similar anxiety on all occasions when his feelings are engaged, and those feelings to be often excited, I would most sincerely pity the pupil, who imbibes medical lore and logic at the Doctor's school. But be this as it may, I

shall at once enter upon the consideration of the Doctor's most labored production.

He denies that peritonitis existed in Champeau's case. Now I am quite ready to allow any unprejudiced practitioner to judge whether that were not as well marked a case of that dreadful disease as it is possible to witness: yea, even the Doctor's "face gripée," was there—or perhaps the "facies Hippocratica" would suit him better: the peculiar expression of countenance characteristic of peritonitis was present. It is true I did not give the Doctor a minute special detail of all the symptoms, for I thought it was quite sufficient to state even briefly what the disease was—never suspecting that Dr. H. would doubt the assertion of any practitioner, especially one his senior both in practice and in years.

Dr. H. denies the existence of inflammation, because he did not see its results or secondary products; he, notwithstanding, admits the existence of redness and congested vessels, and, strange to say, admits that these are the characteristics of inflammation. He says that the man labored under "long continued and severe pain." Whence came his pain, if not from inflammation? He says that effusion is found in cases that terminated within the period that Champeau's did; but I assert that after the second day—(that is forty eight hours,)—Champeau had no "severe pain:" that collapse then set in, accompanied by a constant and drenching cold perspiration, which continued till his death. The inflammation had been arrested at least by the depletion—the subsequent sweating operated as a revulsive, and by absorption must have assisted in removing any effusion, had any existed.

The Doctor is a book-worm, I believe, and as such has perhaps read, that copious perspiration was had recourse to, for the cure of dropsy. The Caliph Varivillen is said to have been cured by exciting copious diaphoresis. Duhamel also relates cases of dropsy, cured by the same manner: the Indians of this day sweat their dropsical patients: this practice is not uncommon in Canada; I knew a dropsical man who crept into his own oven, after having removed a batch of bread; this he did for the purpose of curing his dropsy—but being forgotten he was literally baked to death. There is a quack in this city who prescribes sweating to all his patients:—perhaps the Doctor recollects the case mentioned in the Transactions of the Royal Academy of Sciences for 1703!! of a man affected with dropsy, to whom his wife administered a large dose of opium, to rid him of his disease, and herself of a sick husband; but lo! a profuse sweat was the result; the dropsy vanished, but the spouse remained.

In my testimony, as published in the *Minerve*, (the only correct

version of it,) I stated that Champeau died from the supervention of gangrene: and I would ask any candid man, if the constitutional symptoms of the last thirty-six hours were not those of gangrene. Should any one have been led into error by Dr. H.'s ignis fatuus like prudence, I would beg of him to read over a second time, with attention, my statement of the case; the Doctor's memory is as treacherous as his vision is imperfect, if he assert that I stated to him that C. had sat in an arm chair during his illness. I did tell him distinctly that C. had passed the night after the injury in an arm chair, but that I found him in bed at my first visit, which he never left till carried to the grave.

Dr. H. asserts that there was a bruise of four inches—well measured no doubt—but that had C. lived there would have been considerable sloughing. Let me ask the doctor what constitutes a slough, and if it be not sphacelus or gangrene? He also says that the lumbar region had been immersed in poultices, as though these had been constantly applied; but the moment collapse set in the poultices were replaced by cotton wool; moreover the said poultices had been principally applied to the abdomen; where there was neither bruise nor mortification. He denies that the lumbar region was gangrened; does he really forget that there was vesication there, that there was a constant oozing of bloody serum and bubbles of air from the lateral wound? Does he forget that the cuticle peeled off when touched, and only at that particular spot, exhibiting the whole lumbar surface of a dark chocolate colour? and on cutting into the part, that it was found decomposed and infiltrated? Does he forget that he attributed these appearances to "gravitation?" and has it escaped his recollection, so tenacious in other matters, that I laid the opposite side open, and that all was normal there, no blood, no infiltration, no peeling off of the cuticle, and consequently no gravitation. Can Dr. H. have forgotten that I called his attention in an especial manner to this fact? The quantity of bloody fluid issuing from this part was so great that the cloths placed under it to absorb the matter were frequently removed to prevent its staining the floor.

Dr. H. states that the appearance of the peritoneum, where the point of the bayonet rested, was due to the colour of the parts shining through this membrane, and not to the state of the membrane itself. Now the doctor did not dissect off this part of the membrane, and evidently did not desire to give it a thorough examination. How then can he be so positive that the peritoneum was really not affected, and that it was "so diaphanous." It is indeed painful for me to be compelled to refute so many incorrect assertions. He admits, however, that the stomach was inflamed; but mark that this had nothing to do

with the other diseased action of the abdominal viscera; not at all; it was all occasioned by intemperance, to which the patient was never addicted! The Doctor had "the curiosity" to peep there, and found a mare's nest in reality; there was all the mischief; and death resulted from the joint influence of depletion and "the deprivation of stimulants to which he had been accustomed." I cannot better refute this unjust postulate of the Professor than by referring him to the certificates furnished to the Pilot by several respectable persons intimately acquainted with the unfortunate party.*

Were I disposed to sift the various quotations with which the doctor attempts to bolster up his untenable positions, I could easily turn the tables upon him; but I cannot help examining two of them: one, his quotation from Alison's Outlines, vol. 1, page 96. Now it so happens that the inflammation in C.'s case was of so "*short duration*" as not to shew the usual consequences "*from the rapid abatement of the diseased action*," owing to the full depletion had recourse to the moment I was called in. But the doctor cannot leave any stone unturned to direct censure on me. For instance, he blames me for not paying sufficient attention to my patient, and not being "sufficiently prompt:" yet I expressly stated to the doctor that I made Champeau aware of the dangerous tendency of his wound, and that he was to apprize me at once if he felt pain, &c. &c.; but the doctor's memory is far less acute than his "curiosity" to detect marks of C.'s having been a drunkard.

The Doctor is not more fortunate in his allusion to his second quotation from John Hunter, page 680. This was a gun-shot wound, which passed through the body, perforating bowels and other viscera: what similarity is there then between it and Champeau's case—especially as collapse appeared, and proceeded uninterruptedly from the moment of the infliction of the wound? In that all the tissues of the abdomen were penetrated—muscular, mucous, and serous,—and there was no reaction in the circumstances requiring depleting measures; perhaps,

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CERTIFICATE.

* We the undersigned certify that we have known for very many years the late Julien Champeau, who died of wounds received from a soldier during the late election, in April last; we further certify that we had frequent and daily converse with him, and that we have ever known him as a man of such abstemious and sober habits that he drank not even beer, and that his conduct and mode of life have always been marked for regularity and steadiness.

Pierre Gosselin,
Joseph Lépine,
Augustine Racine,
Hercule Ménard.
Vital Brouillet,
Modeste Brouillet,
Louis Gauvreau.

too, the injury to the great solar ganglion originated and accelerated the catastrophe. The Doctor replies that the instance is cited as a proof of the speedy formation of adhesions. Very well, I rejoin ; but his comparison is faulty, as I have above shown.

Dr. H. prides himself much upon his perspicacity and acumen, which have led him to arrive at his conclusion on the cause of the collapse—which, gentle reader, is nothing more nor less than this—"subsequent reflection and further information." When he penned this paragraph, the Doctor certainly had not in his mind's eye the following pertinent remarks of Dr. Johnson, relatively to the conduct that ought to be observed by a medical witness.

"Legal or Forensic Medicine, is altogether a science of facts : it "has nothing, and ought to have nothing, to do with opinions. In its "application to practical purposes, its true object must ever be, the "development of truth, and that alone."

"The more rigidly the medical witness confines himself to facts, and "avoids the hazard of opinionating himself, and the indelicacy of med-"dling with the opinions of others, the better."

"The difficulty is not, how to state, but how to ascertain, the facts "of any given case ; and, unless the witness be morally certain of the "truth of his facts—certain, beyond all possibility of doubt, that their "accuracy cannot be impeached, he should hold his peace, and not bear "witness at all."

In conclusion, I repeat, that Champeau laboured under *all* the symptoms of Peritonitis,—that twenty-four hours after treatment commenced, all the acute symptoms ceased; a few hours subsequently, collapse ensued, attended with hiccup, vomiting, and copious cold sweats, which only terminated with life, thirty-six hours after, the inflammation was arrested. If any of the secretory products had been present, they were removed, doubtless, during the state of collapse; and the profuse perspiration, aided, it is reasonable to suppose, by the revulsive operation of the extensive injury in the left lumbar region, from the wound in the centre of which a bloody fluid, accompanied with bubbles of air, flowed so copiously after death, as to necessitate a frequent renewal of cloths to absorb it. Now, though there was no effusion (by the presence of which alone Dr. H. can detect inflammation) apparent, the result of uncurbed inflammation, yet the dilated and injected state of all the vessels, even to the most minute, together with the redness of the peritoneum, sufficiently indicated that inflammation had been there to a great extent.

That the collapse did not ensue in consequence of the copious depletion, is manifest, as the whole quantity of blood removed from this

hale, plethoric man, was only 43 ounces at three bleedings, in the space of nineteen hours. It is true, I stated in Court that the two first bleedings were to the extent of about 24 ounces each, and the last 7 ounces; at the time I thought the plates were pints, but on measuring them a few days after, I found they only contained 12 ounces. I merely mention this by the way; for had not the symptoms abated, and syncope approached, I would have doubled the quantity of blood. Dr. H. asks why were not leeches applied? I reply, for the very good reason that they were uncalled for; the disease yielded to the general treatment; nor could the collapse have resulted from "the deprivation of accustomed stimulants," since Champeau was an eminently sober man, not even using beer.

What then caused the collapse? Verily it was the gangrened state of the left lumbar region, and not Dr. H.'s four inches of bruised surface.

If we are to believe Dr. H., the pathognomonic signs of disease, as received by the "best Pathologists of the age," are not to be our "polar stars." No, no; we are only certain of the nature of a complaint, when the "date of nock is out." Dissection alone reveals secrets,—the hidden mysteries are then developed, and after death we know how we should have treated the case during life!!! The manner in which death took place, the length of time elapsed before the examination, the season of the year, the treatment adopted, all go for nothing,—they had no influence in altering appearances, and as a wise judge once condemned without proof a man because his appearance displeased him, so would Dr. H. decide.

> "'Tis not enough, taste, reading, learning join,
> In all you speak, let *truth and candour shine.*"

I can assure the Editors that I have written this hasty paper more in sorrow than in anger; not to obtain a miserable triumph over a Professional brother of respectable standing, but to set this interesting case in its true light; for in the language of the poet I exclaim:

> "Cursed be that verse, howe'er so well it glow,
> That tends to make a worthy man my foe."

In spite of myself, these remarks have by far exceeded the limits I at first prescribed to them, for which I ask your indulgence. I conceive that my first position has neither been carried by the storm, nor invalidated in the least by the clouds of Dr. H.'s authorities, and rest, therefore, its merits on my first communication.

I have the honour to be,
Gentlemen,
Your obedient servant,

W. NELSON.

Montreal, October 29, 1844.

Dr. SUTHERLAND'S INTRODUCTORY LECTURE.

The duties which I have undertaken to fulfil in this Institution, are to treat of Chemistry and of Materia Medica. The former subject has for its object briefly the study of the changes of composition effected by the affinities of the ultimate or constituent parts of bodies: the latter applies to the knowledge of those substances, drawn from the organic and inorganic kingdoms, employed in the cure of diseases.

It is natural that each Lecturer should insist on the necessity there exists for the acquisition of the particular branch, on which he may be employed. I therefore unhesitatingly recommend to you, as one of the first steps, to begin the study of these branches. I am borne out in this advice by incontrovertible authorities, and when I shall have stated the extensive, I might say universal, application of the laws of Chemistry, I have no doubt that you will fully recognise the benefits to be derived by a knowledge of them.

There exists, I am aware, a strong distaste among students generally, to the study of Chemistry, because they perceive not any present use in attempting to comprehend even its most simple laws; and, above all, they see not that it conduces proportionably with its intricacy, to the thorough knowledge of a profession intended to be the means "whereby they are to live." No mistake, than this, can be more egregious—there is not, perhaps, not even excepting Anatomy ,a branch of the Medical profession more requisite. Because its actions are not as easily seen as the origin of a muscle, or its combinations as perceptible as the uses of an organ—are we to forego the advantages offered us by a science of so unlimited a range of influence?

The Infinite creation is one vast laboratory—from the mountain to the pebble—from man, "the head and front" of animated beings, to the lowest grade of animated nature—all are subservient to the laws, fixed and immutable, of Chemistry; these guided and regulated by the Universal Spirit, the all-seeing Eye, the all-powerful Hand of the Creator, know no weariness, no cessation, no decay, but, co-existent with the Earth's first formation, active and eternal, they guide the whirlwind, they cheer by preserving health and strength, solace by alleviating or removing disease. This is no "rhetorical artifice" or overdrawn picture. You have entered upon a high, almost a holy office, and the possession of all the means within your power should be deemed, not only indispensable, but a source of innate happiness. You are not to be simply and passively good, but are to use all the means at your command in imparting benefits to others, and when the will is equal to the power of rendering services, the human mind requires no other source of contentment here on earth. "Non est vivere sed valere vita." Our being is not one of mere selfish physical existence, but one of Catholic usefulness to all God's creatures. Imbued with such a conception of your calling, you may with some degree of accuracy foretel the result:—despondency, uncertainty, gloom, will disappear, and in their place, hope, confidence and the bright beams of science will prove a light to your steps and will give vigour to your energies. You will speedily perceive a change, mark with gladness advancement, and note joyfully the amendment as you progress; the harmony of creation now hidden from you will start from its depths in all its glory, to shine upon and elevate your characters. Thus, by patient and continuous application, you will be enabled to enter upon your profession devoid of the terror which uncertainty and ignorance cause, without any risk of committing those social crimes which are their attendants; and, thus fortified, you will with a more favorable result begin that which is too often the combat and strife of life.

I shall occupy a little more of this hour in offering you some further advice. I trust it will be palatable, though I dare say, my co-lecturers have, or will, in their several introductories, labor equally with myself to superinduce the desired state of mind; yet, as coming from one their junior, they may not appear misplaced, as they tend to show the conviction in my mind, who am

not many years your elder, that the proper and judicious application of your time is absolutely necessary for the attainment of your profession.

Though by many at the outset thought interminable, the period of preparatory study, it is in fact short enough. Possessed of this false idea of quantity in time, too many fritter away their opportunities in idle or useless occupations in quality of study. You must then, Gentlemen, from the beginning, have a *will*, not manifestation, but the very function of it, to learn, and a mind prepared for every exertion. From the first step you should arrange and classify what you read, so that you may at any moment touch, as it were, anything you may be called on to remember; for method and the habit of analysing, like the discipline of modern warfare, diminish in a great measure the inequalities of the mental powers, and assist in levelling on the intellectual field the giant and the dwarf. You are to be diligent and patient, too. You must not conceive that at once, and without effort, you can grasp all that will be presented to you; we are not all as Samuel Johnson, of whom it has been written, that he could seize whole libraries: no medical man ever acquired his profession by intuition—his is not the realm of imagination; and of him it may with truth be said, "Medicus fit non nascitur." Injudiciously selecting your course of studies imperfectly acquiring its facts and forming crude and false theories will never render you able to pass even a mediocre examination, much less to practise with ordinary success. To one entering the threshold of science there is, I allow, something peculiarly attractive in hypothesis; it seems the mark of genius, and as such, commands our admiration and respect, but a persevering taste for hypothesis marks a frivolous rather than a vigorous intellect. If you inquire into the histories of those men who have been eminent in our profession, who have made for themselves a deathless renown, who may, too, with justice be regarded as benefactors of the human family, you will discover that they never wasted their energies upon trifling and useless speculations; their aim was the acquisition of truth, the imparting of real and intrinsic instruction, not mere light and fleeting amusement. It is legitimate in the poet to stray from the beaten track, to gather into his garner from every quarter, as far as the east stretches from the west; he is free of restraint; but from our science you must from the first exclude all fancy, all caprice, and be solely guided by the sober search after truth.

As the study of your profession virtually begins after your examination, so in my conception, your general education should not be neglected as soon as you open a medical book; on the contrary, you should daily devote an hour or two to the perusal of the literature of your own language, and by no means omit keeping up, or forming an acquaintance with the Greek and Roman tongues: these, which have been termed the dead languages, are far from being inert or dead matter; the authors of Greece and Rome most read, are indeed gone, their acts and earthly career may be numbered with those of the departed, yet their writings—and their opinions, which may be considered their angel parts—live and hover round us in their spirit. Independently of the refreshing enjoyment to be derived from the perusal of Greek and Latin, the study of these languages engenders a habit of quiet industry and research so necessary in the prosecution of any science; and by even a slight acquaintance with them we more readily comprehend Medical Nomenclature, and, understanding it, more easily retain it. Acquire information of every description, and from every source; the range of mental acquirements appertaining to medicine is almost unlimited—"Find tongues in trees, books in the running brooks, and sermons in stones"—make for yourselves storehouses of knowledge, whence you may in need draw benefit and pleasure; let everything you do conduce to the great end, the making yourselves more scientific and truly educated men. This active and inquiring condition of the mind, always on the alert for something new and useful, is diametrically opposed to the habit of irregular and desultory application—to the day dreams of the trifler: tossed upon an ocean of science without helm or guiding star he can never reach the shore, or, if some wave, some chance throw him floundering on the beach,

he will find the coast inhospitable indeed. Not thus will you command success; you will not even merit it.

A proper condition of the faculties will always refer any new knowledge to its proper place, and, prepared by this habit of correct association and classification, no fear need be entertained that conclusions drawn from it will be erroneous or illegitimate. These "remora" to your perceptions, and to your memories, will daily become more powerful, and speedily you will perceive that it is by the improved condition of your memory that the general strengthening of your intellectual faculties may be estimated; for is not memory the life and soul of the mind, without whose sentient and quickening powers the thinking faculties are as so much dross? Is it not the chain which connects every event with which we have been concerned, every fragment of knowledge—into an harmonious whole? Memory, indeed, without the faculty of causation or of judgment would be vain, yet without it the powers of comparison would be a sealed volume; without it we would be inscribing words upon sand, which the first wave in the tide of events must obliterate. The simplest act of reasoning must have as a pre-requisite its vivifying and prompting presence. Memory, in fact, is absolutely to reason or judgment what attention and the faculty of perception are to memory—the link in the chain of gradation. The intellectual operation of sentient consciousness, of quasi presence or communion with that which we have known, and seen, and felt, becomes thus the present, the tangible; speedily the future appears devoid of uncertainty, inspired as we often unconsciously are by old experience, prompting "something like prophetic strain;" and what is experience? but the spirit within clothed in the attributes of the Mother of the Muses, as memory was styled in Classic Greece.

I must farther caution you from the indulging in speculations, or reasoning on ultimate causes; or drawing positive deductions from negative ideas; rest satisfied with facts and their laws—that is, "the most general circumstances in which the phenomena to which they refer have been perceived by us to exist." You will otherwise, inevitably become involved in perplexity and darkness. The more you ponder upon, the less will you comprehend, a subject so far beyond our reach. To the human mind, invested with its tabernacle of clay, has not been granted the faculty of perceiving beyond a certain fixed and determinate boundary: if we attempt to pass this, on the very threshold we are forced back to our primitive clay,—we are compelled to feel and acknowledge the immeasurable disproportion between the illimitable object we wish to contemplate and our own terrene nature. Such speculations, however, may be useful to us in our present condition, as teaching us humility, and showing us that here the difference between man and man is naught—between the highest and lowest intellects inappreciably small. In a religious point of view they may be indispensable too, in preparing us for a future life, as pointing out with unerring certainty the existence of an All Wise and Supreme Being —they demonstrate, in characters stamped on nature's front, the harmony and unity amidst variety in creation, and prove that which seems the result of chance, to be "direction which we cannot see."

The physician, as well as the astronomer, but more particularly the anatomist, has been accused by many of being more prone to atheism than any other class of men, simply, I believe, because it has been imagined that the beautiful mechanism of the frame was nothing more to him than a mere machine, the intellect than a physical elaboration of the brain! Than this imputation, I need scarcely say, none can be more gross. If the unerring and undeviating course of the planetary system, if the good everywhere visible around us, cause us to admire and wonder, will not even a slight acquaintance with the structure of man prompt us to adore and bless? To no class of men can the philosopher's words be more justly applied than to physicians, "qui studet orat." He who reads the book of nature must worship Him, who impressed it with His characters and type. We feel, aye and equally with his peculiar apostles on earth, that the Almighty is everywhere present at all

times; that His past years are countless; that His future days are unnumbered; we inwardly know from our daily occupations amidst pain and disease and death that His life is eternity, a never ceasing youth without the helplessness of infancy or the decay of old age, an entity, a Being in fine without birth or death. And is this not so? Has the inbred monitor ever whispered in vain? Are not the living letters written on all the infinity of space above: on all the earth, around, and on his own resemblance, on the features of his own creature—man. What can account for those "longings after immortality," which elevate our aspirations to conditions more lasting, more holy than the present—to another and a better world? Is it a physical-terrene fear which, causing a dread of death, compels us to forge a doctrine which reconciles our doubts and dispels our apprehensions? no, it must be the moral conviction, emanating from God's own spirit, which induces man to feel that he is possessed of a soul.

You are not, Gentlemen, to be carried away with the idea that with your diploma or license in your pocket, you will rise per saltum, as a balloon filled with gas: your progress will be slow, gradatim—step by step, and these not always continuous; unaided you will have to climb the steep and rugged path of life, to make for yourselves a "local habitation and a name." (I speak not thus to discourage, far from such is my object; I wish ab imo corde, by shewing you difficulties, to point out a path by which you may be enabled to overcome them.) Few there are who are elevated on the broad and easy wings of opulence. Our road to competence is too often a struggle for the light of Heaven, which should shine with equal warmth on all; too often the starting point in our life is the beginning of troubles and griefs innumerable; but, strong in your powers, be unwavering and yield not; press onwards; live such a life that if you cannot "command success you may merit it," and be assured that the germ of knowledge within you, will bring forth fruit in the midst of difficulties, as surely as the good seed which the wandering bird or idle wind may have cast on stony ground. As at its rising the sun's rays first illumine the mountain's top, and at its going down last linger with their golden hues on its head, so do you, Gentlemen, in your spring time of life, be enveloped in an atmosphere of pure light, and at your setting the brightness will not depart from you; what storms soever may have assailed your middle age, you will possess that which will remove the bitterness from the greater part of adversity; your gradual decay will be the subject of solemn and affectionate pity, and when you shall have descended to the grave, your memory will be cherished with pious love and gratitude.

Education is in itself power, but its value depends entirely upon its proper application: and in possessing the ability to acquire, we should also have the taste and the will to rightly and wisely exercise it. We should not only be regulated by faculties stronger than those of others, but be guided by principles better established, and by associations of a higher and more beneficent order. I have used the words rightly and wisely; I wish them to be significant; for the diffusion and acquirement of mere knowledge does not necessarily impart either happiness or virtue; unblessed by that knowledge which is from the fountain of all excellence, you may, with a thorough comprehension of the good, also imbibe a love of the evil. You unquestionably may become learned, scientific, perhaps eminent, but you most probably will be unhappy and wretched: with keener susceptibilities you will be tortured by circumstances, which by your heightened sensibilities will assume the character of miseries hitherto unfelt.

I may myself be accused of that against which I cautioned you a few moments ago—namely, of speculating or wandering from my sphere of action: I may have done so,—yet in the short time I can scarcely have been very erratic. Such addresses as this are left to the taste, or views, or even particular vein of the lecturer: such, for the nonce, has been my conception of duty; the only excuse I offer for the deliquium; yet, if in these remarks I have strenghtened your purpose of diligence, or even attracted your attention, then am I fully

remunerated, and my labor is not in vain. Nor can I conceal that it would be a source of real gratification were I to have a secure place in the good opinions and kind feelings of my hearers.

I hope you will forgive me for being thus an egotist; I crave your indulgence yet for a short time in speaking of ourselves. I would, indeed, be guilty of injustice to my confrères and myself, did I not say something on the subject.

In establishing this School of Medicine, we have been accused of factious opposition to M'Gill College. Of this we are not guilty. We unequivocally disavow all intention of opposition or hostility. We object not to the members of that Faculty circling their brows with victorious laurels, the seeds of which were planted at a time when the greater number of them were yet in incunabulis; we oppose not their being habited in "purple and fine linen;" but to us be it permitted at least to till in a vineyard whose soil is fertilised by streams common to them and to us; we admit that their array is a superb one; yet in all humility we conceive ours as efficient. What exclusive right is possessed by this Faculty? What species of idolatry is it which ought to enforce us to blindly worship the memory of its departed founders, in permitting their representatives to hold within an iron grasp all the reputation derivable from such a source? What has rendered this place a shrine at which they alone are to receive homage? And were our endeavours to raise our standard, absolute opposition, what have they to apprehend? Surely the rise, or even the culminating of our star, cannot cause their bright particular luminary "to pale its ineffectual fires."

Is our undertaking treason? Is our course stratagem? Is our end spoil? We acknowledge not any sovereignty, any divinity, in science, which we may not attempt to reach. Have we done aught in secret or in malice? Our deeds have been open as the noon-day,—our acts as beneficent as those of mortals may be. Are we agrarians in the field of intellectual acquirements—levellers of the standard of mental excellence? Are we not engaged in attempting to extend the range of intelligence? Are we not labouring to elevate our profession, by all our humble efforts? And how have our attempts been seconded—how our labours assisted? I leave the answer to the sober second thoughts of those who, in private conversation, have asked, "Cui bono," and to those who, in public documents, have announced that an under current of bad feeling exists towards that Faculty. It was bad taste to whisper—worse judgment to write aught against us—even were hostility with its gory locks in existence; in this, as in many other instances, *tace* was the Latin for prudence: we should have been permitted, unheeded, unmolested, "our trumpet unblown," to bide our time.

We foresee not that these lectures will be an injury to the medical school in connection with that Institution; on the contrary, we think that in more than one manner it will prove beneficial to an establishment which, as well as ourselves, depends on the public for countenance and support. Surely that school, always well conducted as it is and has been, has not pre-occupied every avenue to science. We attempt not to reap where they had sown, nor to gather where they have strawn. We attach not ourselves to the wheels of their triumphal car—Phæton-like, we borrow not the chariot of their sun to illumine the votaries of medicine in this fair city. We are indeed laborers in the same field of knowledge, but we are employing the humble instruments given us by the Almighty. We are embarked on the same ocean of science, and are steering to the same haven—guided by the same star; yet do I see no reason why we should therefore cross each other in our course—why we should take one breath of the breeze from their prosperous sail, or one wave of the popular tide from their bounding ship. We look upon our intentions as good, just, and tending to useful ends; and, for the attaining of our object, we will spare neither time nor trouble—use what energies we possess to the uttermost—look for reward, if successful, in the good we may effect; if the reverse, in an approving conscience.

It would be affectation not to acknowledge that we last year entered

upon our operations with solicitude and apprehension; for we distrusted our powers and dreaded the success of imperfect and immatured plans: it is not for us to say in what manner our task was accomplished; but we declare that the result has exceeded our fondest hopes. If not brilliant, our lectures were at least conducive to instruction; for some of you, towards the close and after the termination of the session passed examinations creditable to yourselves and satisfactory to us. If our efforts did not rival those of others, they established for us at least a name for industry and perseverance. In our first course, we came before you almost literally unprepared; and as to mine own particular branch, in which material is so requisite, I was, de facto, destitute of nearly every description of apparatus; yet we progressed and completed a course of eighty lectures. This year we begin under far less unfavourable auspices, and the advantages we offer are of a less limited character. In the interval since our separation, we have made every exertion to bring our School into a condition whereby it will no longer be termed a "pseudo" attempt. We have taken commodious premises, by which more comfort will be obtained; we have made up from our individual books a library of upwards of one thousand volumes; we have, too, an embryo museum,—towards the forming of which, the preparations of Dr. H. Nelson, your Lecturer on Anatomy, together with those of Dr. Crawford, have chiefly contributed; we have a complete chemical apparatus, and a large number of plates, coloured and lithographed, of various morbid conditions. With all these additions and means, we may now say, that we have fairly entered the arena—of competition let it be called—but it will be one of honourable and justifiable endeavour, if not to excel, (that could scarcely be possible,) at least to equal our rivals in science.

To attempt to rear a new Medical School in the very stronghold of an Institution which was established by some of the ablest men which this country has produced,—the greater part of whom are, alas! now numbered with the dead!—an Institution which has flourished for many years, and has taken such deep root in the popular soil, that its decrees have assumed a species of patriarchal—I was about saying a hierarchal—authority in the land:—whose influence has been so wide-spreading, that its opinions have been deemed infallible; a school, incorporate, connected with a University,—endowed;—I say that such an attempt must be admitted as being one of no ordinary magnitude. We have passed the ordeal, and we assume no illegitimate spirit of prophecy, when we declare our moral conviction—drawn from our knowledge of events, that, in a very few years, our College will not yield to any other, either in the superiority of the education promised, or of the qualifications which its students may therefrom derive.

I said some time past, that the study of Chemistry was indispensably necessary to a thorough knowledge of your profession: its laws are almost of universal application, and the objects comprehended within its sphere embrace all substances composing the globe. Chemistry, as other sciences, has had its hour of darkness, and its day of glory,—at one time confined to a few, its then known laws mystified, and their results made subservient to charlatanic purposes and pseudo-medical agents; at another, considered as all powerful and capable of resolving every genus of problems connected with disease and health. Even the visionary ideas of the Chemists, par excellence, have contributed to our stock of knowledge,—from error we have derived arguments of truth, and the ardent pursuit, after the philosopher's stone and the elixir vitæ, has added to our stores. Very shortly after this time we find Chemistry studied on some standard of firmness; Boyle, Priestly, &c. &c. lent their aid and gave it an impulse which has since increased and matured, till, in our days, we have intellects as bright, and names as great and glorious, in this department of science, as that of him who has given us the system of the planetary spheres. It is not, however, my intention to give a history of Chemistry,—it would be tedious and unprofitable.

To the physician—to the natural philosopher—to the agriculturist—to the

artisan—it is of value paramount to physiology, to physics, to manual dexterity,—it must be hand in hand with all these, when they are practised on sure and scientific bases.

Without Chemistry you will be able to understand neither arterialization or the changes that take place in the lungs during respiration:—nor calorification, or the manner in which animal heat is generated, and the temperature of the frame kept at an equable degree in all climates and under all ordinary circumstances; without it, assimilation, or the transformation of the elements of the food into new compounds, analagous or similar to the various parts of the living organism; without it, the several secretions and excretions, and the circumstances modifying their character, cannot be made intelligible. Since the application by Lavoisier of the quantitative method of research to Chemistry, or of results drawn from calculations of weight and measure, this science has unobstructedly marched towards a high standard of eminence: it is now considered as indispensable to physiology, and in a few years, I doubt not, it will be inseparable from it. I quote the words of an author who has, in a very few years, made for himself a reputation unrivalled for the time:—"The imperfect character of the researches of physiologists for the last years, in explaining the functions of many of the important organs, as of the spleen and other glands, establishes the fact that their limited acquaintance with the laws of Chemistry has been the cause of the reproach cast upon them, and will continue to be so till the two branches are intimately blended together." Minute anatomical investigation into the tissues and even microscopic observations of the ultimate reticulated nature of the blood-vessels of the different organs, cannot determine without Chemistry the character of their functions any more than contemplating the organ of hearing can give us an idea of the auditory apparatus and the acoustic nerve, without a knowledge of the physical laws regulating the transmission of sound by vibratory motion. It is solely by a knowledge, and an intimate one too, of the laws or principles regulating the action of forces or affinities, operating at insensible or inappreciable distances, that we can arrive at even an approximation of the truth. I would not have you suppose that, in thus speaking, I wilfully overlook the vis vitæ-vitality—that remarkable force always in action, both in the living vegetable and animal organism,—nor those organs of vital phenomena, present in all classes of animals; in the higher orders, embracing feeling, sensation, consciousness, and intellectual faculty; on the contrary, this force establishes the affinities requisite for the formation, from the same elements, of those compounds created in the system, which, deprived of this intermediate bond, are transformed into new combinations essentially differing from the former. This force continues constantly in active existence until death, and its cessation or obstruction in any part is that anormal condition termed disease. In pathological investigations you will have to contemplate the living powers as being in a certain condition of decay or arrestation,—that condition in which the laws regulating the actions of inanimate matter are unaffected or uncontrolled by it, the vital energy; and you will learn that several decompositions are thus effected similar to those in the laboratory. It follows, therefore, that the doctrines of Chemistry may impart useful aid to Pathology, though I acknowledge that little has been hitherto effected in this department of Medical inquiry. I sincerely hope that the last few years, rich as they have been made by discoveries in organic Chemistry, may become yet more beneficial to the human family, by the practical application of them to the treatment of disease.

To the pharmaceutist or pharmacopolist the powers of Chemistry have brought in latter days, an auxiliary of the greatest importance. The preparation of remedial agents from substances derived from the mineral or vegetable kingdom, is carried to its present degree of excellence solely by Chemistry—by whose laws we are enabled to detect adulteration, and prevent the prescription of incompatibles, or those substances which neutralize each other's effects. The remedial agents, arranged by Dr. Murray in his classification

of Medicines, under the head of Chemical action, are therefore perfectly in accordance with this view of the subject. Refrigerants, antilithics, antacids, escharotics, produce their several effects by Chemical action, elaborating new compounds from the materials supplied in the system.

To Medical jurisprudence also, Chemistry has extended the right hand of fellowship, in clearing off the mass of obscurity enveloping the history of poisons, taken intentionally or by accident, and frequently involving in its testimony the life of a fellow creature.

To the natural philosopher the language and characters of Chemistry point out an explanation of many of the phenomena comprised within his study; byit the effect on substances, by light and heat emanating from the sun, may be demonstrated: determining their state of solidity or fluidity, and in a higher degree, the form of gaseous matter; evaporation from the earth's surface, forming clouds, and the causes effecting their condensation into rain; the rationale of dew, the result of the descent of these "living waters" upon the earth, all are rendered intelligible by Chemistry; and interesting, not only because these phenomena are familliar to us as "household words," but because they are connected with the many necessities of our existence.

As civilization advances, industry is more taxed, and luxury, with its nascent and growing requirements, urges man to the utmost of his physical and intellectual powers. The gratuitous showers of manna, the almost spontaneous productions of the soil, in the first life of a country, while they supply food for the mere animal, in removing the urgency for exertion or the necessity for labor, destroy at the same time the impulse towards amelioration, and leave man devoid of the incitimenta, to any activity of mind or reason. His brain is the stagnant pool, previous to the descent of the angel, to vivify while disturbing the waters. As man, then, the sovereign of the Universe, is omnivorous; and, as he is always sufficiently fruitful and multiplying, he should cultivate that art which enables him to be possessed of his great want, of food, of bread: his energies should, therefore, be occupied in acquiring that proficiency in his calling which will procure for him the necessaries of life, as plentifully, and consequently as cheaply as possible. A perfected condition of agriculture is that art; it is the real and absolute foundation of all trade and industry, the first step in the resources and riches of a country. Agriculture is not simply the manual dexterity, obtained by habit, in holding the plough, it is not the mere moving of the integuments of the earth's bosom; to be placed on a firm and scientific footing, it must be based on rational and fixed principles; referring to the mode in which nutrition is effected in vegetables, and the results which soil, manure, moisture, and a variety of external agents, produce in influencing their growth and abundance. From Chemistry we seek such principles, such knowledge; on its pages we read and comprehend the characters of the various inorganic substances, from which vegetables in general, "the food for man and beast," draw their sustenance and life.

There is yet another ground, on account of which Chemistry claims attention and study from all classes. I allude to its application to the mechanical arts, in its power of being subservient to our wants, in its ministering to our luxuries, and, in its giving us the means and power whereby we transform the rude and shapeless mass to the daily requirements of life. Look at the power, almost omnipotence, of steam, setting in motion the mighty mechanisms of of machinery; applied to manufactures, doing the labor of a thousand horses, and with the accuracy of apparent consciousness; to locomotion, almost annihilating time and distance, making as nought the separation between Indus and the Pole; almost like Ariel putting a girdle round the earth; with its vast arms circling the globe: with its interminable iron arteries, branching off and anastomosing every where—fertilizing the wilderness, and now about irrigating even the desert; one of the means in rendering that gem of the ocean, that country, whose merchants are princes, and on "whose possessions the sun never sets," unlimited in commerce and wealth, colossal in strength and resources.

Metallurgy and assaying, the former the art of separating metals from their ores, the latter of testing the proportion and purity of the ore; and thus, pointing out the propriety of, and the profit to be derived from, working it, may receive useful lessons from the practical suggestions of Chemistry. The manufacture of substances used in every day life, is founded on Chemistry; as of all the saline substances: the vegetable and mineral alkalies: fermentation in its various forms, as distilling, brewing, making vinegar: the manufacture of sugar, soap; the art of bleaching, dyeing, tanning, calico printing, glass making, and numberless other operations, are but the result of Chemical actions, and demonstrate, that even in the management of common operations, the practical man may derive permanent advantages resulting from an acquaintance with Chemistry. We cannot go abroad into our streets at night, without the laws of Chemistry being a "light to our path;" every lamp is a Chemical phenomenon, every gas light a Chemical illustration; no longer is "darkness visible;" in our chief streets the beams of Chemical action, radiating in all directions, almost put to the blush the fires of the noon day sun, and spread over our homes, as seen from a distance, a halo resembling that part of the heavens known as the milky way, that galaxy of accumulated lustre from innumerable stars. No longer do we appear, as whilome we did in a "dim religious light" mysterious figures, spectral shades, hypothetical entities, now, de facto, illuminated by Chemistry, we appear as real and positive existences, beings instinct with life, forms possessed of determinate physical boundaries.

Let me not forget the less solar, though equally effective Camphine, a discovery of late years, a fluid whose vapour is as inflammable as gas, and whose illuminating power is quite equal to it, and which is destined to be the spirit to enlighten you in this room; may it prove efficacious, may it enable you to perceive that every act of "this breathing world" is intimately associated with the science which I here intend to make as familiar as possible. And recently, too, the application of electro-galvanism as a motive power, and an agent in decomposing salts of metals, for plating and gilding; the discovery of the Daguerreotype, or photograph, the instantaneous fixing, and accurate imprint of an object on a polished metallic surface, exposed to the strong solar rays, acting on iodine, have shed an additional lustre on Chemistry, and exhibit still more its omnipresence.

The loss of four lives within the last 12 months at Quebec, by the deadly effect of carbonic acid gas, ought, of itself, to urge the study of laws, which thus "feelingly" affect our very lives. We certainly cannot repress or prevent this spontaneous Chemical action in the regions below; yet, surely, were the knowledge more generally extended, even the commune vulgus would participate in the benefit to be thence derived, and at all events four men could not be found who one by one would precipitate themselves into such a yawning gulph. While on the subject, I may mention, that a plan has been recommended for extinguishing fire on board of ship, by the formation of this gas; the plan would answer were the fire smouldering but raging and furious I cannot conceive that even the specific gravity of the gas could preponderate over the expansive force of heat.

Enough, perhaps more than enough, has been said to urge the study of this branch of Medicine, upon the attention at least of the Medical Student; enough to point out the intimate connection between it and other subjects of general interest and utility, with which you, as educated and scientific men, should be not only acquainted, but intimately, thoroughly versed.

PATHOLOGY OF NEURALGIA.

Dr. Skae claims for himself the discovery, that neuralgia is dependent on congestion taking place in a nerve, in a part where, from the rigidity of the neighboring structures, as, for instance, in osseous canals, a ready diffusion of the pressure cannot take place.—*Lon. Med. Times.*

THE MONTREAL MEDICAL GAZETTE,

Omnes artes, quæ ad humanitatem pertinent, habent quoddam commune vinculum, et quasi cognatione quadam inter se continentur.—*Cicero.*

MONTREAL, NOVEMBER 1, 1844.

TO PHILO-MEDICUS.

Mounted on thy hippogriff, thou hast again manifested symptoms, Philo-Medicus, of being fuddled with physical joy, intoxicated with animal spirits, at the opportunity of fyling thy second or third appearance, and fanciest that thou hast polished us by thy rubs; thou canst not by thine endeavours, affect our temper or our metal, any more than thou canst produce sparks by the attrition of lead and flint.

Thine arrows have been too slightly limbered (lumbered quasi) to reach their aim in so loud a wind: hadst thou been enveloped in threefold steel, our pigmy straws could not have pierced, or our paper bullets have wounded thee or thine.

We have reason, Philo-Medicus, to be beholden to thee, more than thou supposest: thine epistles have added much to our reputation, and have not invalidated one jot of that which was the cause of thy first philippic—thy cannon's level hath hit the woundless air.

Excuse us, Philo-Medicus, if we appear to borrow somewhat of thy style; we too will use wise saws and modern instances,—yet will we not produce our points as thou hast done, lest they acquire the characters of a straight line.

Thou wilfully pervertest, Philo-Medicus, when thou sayest that we write, ad captandum, (vulgus understood): our poor sheets are addressed to men of our profession; we ask not the patronage of those not of us,—it is thou thyself who attemptest the ad captandum mode of communication. For this very reason, we objected to meet thee in thine arena, and waiting the period of our lunar illumination, we sent thee a crustulum, which blandi doctores—(nosmetipsi) olim dant pueris ut velint discere prima elementa;

quid vetat ridentem dicere verum,—the last line of which we earnestly pray thee to scan. This is then the extent of our captandum, and we therefore, with Tartuffe, accuse ourselves of having once killed a fly.

Thou calculatest that our senility must be extreme. We willingly plead to the infirmity—yet are we not in thy sacer-dotage.

If thine auguries, Philo-Medicus, are evidences of thy Pythonism, then art thou of a verity a Python—first born of Tellus after the deluge of our torrents of under currents; other Apollines, we will for the nonce prove thy destroyers and incontinent establish Pythian games.

Yet hast thou been a prophet false to thy gods—for through the horn portals of thy temple at Delphi, thou hast permitted ourselves and other unbelievers of thy divinity, to perceive not only thine own lean and hungry look—but the desecration of thine own acolytes and the profanation of thine own oracles: thou hast thyself razed thine altars, and hast broken down the carved work thereof, and hast exhibited their mutilated fragments to the million.

Thou art indeed a Roman in the camp, Philo-Medicus—a very Cassius; for thou hast proved thyself as dangerous to thine allies, as thou hast been auxiliary to thine adversaries: in marshalling thine array, thou hast made perceptible the discord in thy ranks, and hast established our tower of strength: with thy double edged goose-shaft thou hast made patent to the multitude thy dismembered armament—thy men in buckram,—and our armour of proof; and though thou hast, with thy folds long drawn out, attempted to circumvallate thy position, thou canst not, thy tail in thy mouth, bear on thine ensign irrupta tenet copula. From thy questionable shape, thy consocii must beware lest thou prove as recreant in thy proffered allegiance as thou wast whilome faithless in thy stewardship, and lest they too have reason to apply to thee the dying Roman's words—et tu quoque Brute.

Thou art a humoral, too, Philo-Medicus; thou triest to hallow the sacred old—thy very appearance is leucophlegmatic; yet pos-

sessest thou not all the powers of a horse (hippocratic) : come to us for the etymology, Philo-Medicus ; the time of crisis is not by thee well measured ; thou, no doubt, aided in thine elaboration by the puissant generative power of the sun, didst occupy ten—we, assisted by the chaste moon, seventeen days—cæteris paribus, thou hadst the advantage ; we do not concoct in heat, Philo-Medicus,—we compose in coolness—our words are real combinations, of disjointed things, if thou wilt—for these are thine : our compounds are made currente calamo : our products are doubtless periodic, and cheerfully do we acquiesce in thy suggestion of lunar influence : plain men we are, and not possessed of aught by intuition, we gladly shine even by borrowed light, some of which is the reflection of thine own cloud-dispelling brightness.

We admire thy scintillations, Philo-Medicus—the more as thou shalt never, by their instrumentality, pick a pocket, risu inepto, res ineptior nulla est. Of thy cork leg, thou hadst better have made a stopple to thy wide and flat evaporation into thin air. Thou hast laboured in many lines to disprove that which thou allowedst to be true in two words—similis simili ; by the way, Philo-Medicus, triangles have three sides, only one of which is a base—though, otas tou onou echon ! (we want the character de jure and de facto),—thou evidently didst not pass over that bridge of sighs to tyros—yclept pons asinorum—previously to reaching the goal of thy mathematical lore. Thy ridicule has been sine dubio pointed—but to thyself—and thy shafts have reverted to thine own bow—mutato nomine de te fabula narratur. Verily, thou hast lionized us—but no lions we, were not thyself and thy Romans hinds—no wolves, were not thine other Romans sheep.

Thou questionest our acquirements, Philo-Medicus ; in comparison of thine they are unprofitable, because they are less versatile in their application. Thou impugnest our motives too ; this is the unkindest rasp of all. Here, however, thine intellectual plethora gave thee an obliquity of vision which prevented thy distinguishing nostrum and tuum ; never, Philo-Medicus, and we speak in sincerity,—never whisper aught about motives. There is an Eye

above that sees into their depths, and to him leave the judgment; well dost thou know this. Were man to inscribe on his brow the decalogue—were this encircled by the golden rule—were he to write on his door-posts lessons of duty—were he, as the ancient Jews, to cover his garments with the phylacteric expression of his motives—yet would he meet his neighbour, who, after reading the comprehensive law of truth and of love, would wilfully be blind to the wisdom of Christianity, and would knowingly transgress all its teachings. Speak not, then, Philo-Medicus, of man's motives; when you have seen a flood-tide of malevolence flowing in a constant stream, then do thou oppose thy barrier—the under-currents are beneath thy ken.

We wish to part with thee in all kindness, and recommend to thyself our sober feeling—depending, perhaps, as thou hast asserted, on want of modesty. When we read thy first epistle, we laughed and quoted invidiam virtute partam, gloriam non invidiam putarem. We sat down and writ thee our crustulum in about ten minutes; on the advent of thy last we again had a philosophic saw—summa petit livor—perflant altissima venti,—even thou shouldst have had some of this resignation—Vale, Philo-Medice; Ride si sapis.

We apologize to our readers for again occupying so much space with Philo-Medicus. His letters have been published in the Courier of this city, and feeling that we held communion solely with our subscribers respecting the matter at issue, we preferred allowing his last letter to remain unnoticed till this month, feeling assured that the cause would remain unaffected, and our remarks in the September number would be judged by the Faculty at large at the standard they merited. The answer, it will be seen, is more in pity than in anger, and partaking nothing of the character of Fabian warfare. We promise that this will be the last.

The Lecturers at the College of Medicine commenced their labours for the present session on Tuesday, the 1st of October last, by delivering introductory lectures in their respective departments.

Dr. Arnoldi, jun., upon whom had devolved the duty of opening the business, selected as the subject of his address, the past history and present condition of the profession in this division of the Province, and commented at some length on the origin and progress of the several Institutions now existing in Montreal. By adopting the plan which they have done, the Lecturers on each branch will be enabled to deliver, during the session, two full courses, each consisting of upwards of eighty lectures in the English and French languages.

The number of students who have already matriculated, amounts to forty-two.

At the earnest solicitation of a number of subscribers and other friends, both in and out of the profession, we have been induced to publish in our present number Dr. Sutherland's Introductory Lecture on Chemistry. Intimately connected as we are with Dr. S., we felt considerable hesitation in complying with the request of the requisitionists, fearing that by so doing we might be charged with a desire to *puff up* the College of Medicine of Montreal: lest any such idea should be entertained, we beg to state, that it will afford us the greatest satisfaction to insert the Introductory Discourse of any of the Professors or Lecturers of any of the Medical Schools in this Province. As a gratifying proof of the manner in which it was received, we have great pleasure in acknowledging a donation made by a respected Member of this Bar to the College Library: the donation alluded to was a splendid folio edition of the works of Albinus.

The Editors of the Montreal Medical Gazette feel great pleasure in tendering to Dr. Wm. M'Donell, of Dublin, their best thanks for the kind offer conveyed to them, through W. C. Meredith, Esq., Q.C., of this city. They gladly comply with his wishes, and avail themselves of this opportunity of testifying their appreciation of the flattering notice of their journal entertained by so distinguished a Member of the profession in Ireland.

They beg also to acknowledge the receipt of the August number

of the London and Edinburgh Medical Journal, edited by Dr. Cormack, the learned Professor of Forensic Medicine in the University of Edinburgh. In presenting to the able Editor their sincere thanks for his kind offer to exchange, they beg to inform him, that by forwarding the numbers of the London and Edinburgh Medical Journal to Messrs. Wiley & Putnam, 6, Waterloo Place, London, they will be duly received.

They beg likewise to acknowledge the receipt of Dr. Hockin's work on Ophthalmic Medicine, a notice of which will appear in their next number.

Boston Medical and Surgical Journal.—We regret to learn by the No. of the 22d. instant just received, that several of our late numbers have not reached the office of our valued contemporary; inquiry was made of our publishers on the subject, who assure us, that not only has each successive number of the Montreal Medical Gazette been regularly posted, but the postage paid by them to the frontier. We beg of our esteemed friend to cause enquiry to be made at the Post Office in Boston.

ON THE PRESENT STATE OF KNOWLEDGE OF THE NATURE OF INFLAMMATION. By T. Wharton Jones, F. R. S.

Retardation of the flow of the blood in small vessels with dilatation of their calibre, and at last stagnation of the blood-corpuscles in the vessels, constitute the first microscopical phenomena in the inflammatory process, as seen in the frog. There is good reason for thinking that the microscopical phenomena of inflammation are the same in man. It is generally supposed that the dilatation is primary, and the retardation of the flow of blood a physical effect of the preceding dilatation; the retardation, however, is greater than the dilatation will physically account for. With respect to the nature of the dilatation, it is now admitted that the dilatation of the arteries in inflammation is a state of relaxation or paralysis and not of activity. Mr. Jones, not being satisfied that the capillaries and radicles of the veins have contractile walls, which the small arteries are believed to have, and therefore unwilling to admit primary dilatation from relaxation in them, concludes that dilatation of the capillaries and radicles of the veins is secondary to the re-

tardation of the flow of blood in the arteries, and is owing to distension from accumulation of blood. Henle thinks that relaxation and dilatation of the vessels, with retardation of the flow of blood, act in determining stagnation of the blood, and in this way, the retarded flow of blood, together with the relaxation and dilatation of the vessels, favours the exudation of serum; hence the plasma of the blood in the part becomes inspissated by a preponderance of protein matter over the salts. This inspissation of the plasma determines endosmotic changes in the red corpuscles, in consequence of which they are disposed to aggregate. Mr. Jones does not agree with Henle in this: he conceives that the stagnation of the blood must recognize some other cause than inspissation of the plasma. Mr. Jones considers that the proximate cause of inflammation, although affecting the constitution of the blood, does not reside in the blood only, but primarily in the agency on that fluid of the solids through which it passes in the capillary vessels—he thinks this appears from the limitation of inflammatory disease to a certain locality, from its easy reproduction at a subsequent period. The appearances, he says, attending the stagnation of the red corpuscles are such as might be supposed to be the effect of a suspension of the conditions by which, in the natural state, the red corpuscles keep in the middle of the stream, neither adhering to the walls of the vessels nor to each other, and not readily entering the smallest capillaries; the effect, in fact, of the establishment of an attraction between the red corpuscles on the one hand and the walls of the vessels on the other, as well as among the red corpuscles themselves, instead of the absence of attraction, or of the actual repulsion which naturally exists. Emmert, by way of explaining this attraction, indicates some of the conditions attending the operation of the attraction—he points out that constriction of the capillaries (small arteries) and the attraction between the parenchyma and blood-corpuscles are in antagonism—that when the constriction of the capillaries is *great*, the attraction between the parenchyma and blood is *small;* hence no congestion. When, on the contrary, there is *relaxation* and *dilatation* of the capillaries, the attraction is great between the parenchyma and the blood; and hence accumulation and stagnation of the red corpuscles.

Mr. Jones, before expounding his theory, claims the following postulates: 1. That the constriction and dilatation of the calibre of the small arteries at least, if not of the capillaries, is owing to

contraction and relaxation of their walls in virtue of their contractility or tonicity, which is dependent on the nervous system. 2. That the ordinary tone of the vessels is determined by the moderate discharge of nervous influence. 3. That the relaxation, atony or paralysis of the walls of the vessels on which their dilatation depends, is owing to the suspension of nervous influence. 4. That the relaxation with dilatation of the vessels from suspensions of the nervous influence is the precursor of the stagnation. The theory which Henle has formed of the mode in which the exciting cause of inflammation determines the suspension of nervous influence is this: the exciting cause acts primarily on sensitive nerves, exalting their activity. The motor nerves of the vessel which have sympathetical relations with the excited sensitive nerves, are secondarily affected—this affection of the motor nerves which supervenes by reflex action on the excitement of the sensitive nerves, is one of depression, or suspension of action; of paralysis—this form of sympathy is called *antagonism.**

With respect to the inflammation of an organ occurring after section of some part of the sympathetic, Stilling refers it to paralysis of the walls of the vessels.

Exudation.—This commences immediately after or during the stagnation of the blood—it is at first serous, and afterwards pure plasma. So long as the vessels are entire, none of the corpuscles of the blood pass out or escape. With exudation is completed the inflammatory process, properly so called.—*Med. Chirurg. Review.*

M. LOMBARD'S REMARKS ON SOME OF THE COMPLICATIONS OF TYPHUS FEVER.

Intestinal Hæmorrhage.—This should rarely, if ever, be regarded as a critical or salutary evacuation. It should, therefore, be checked without delay. One of the best remedies for the relief of this accident is unquestionably the acetate of Lead—in doses of one or two grains, with a quarter of a grain of extract of opium, every six or eight hours. Enemata with Goulard solution may also be administered. The extract of the Rhatany root, or of Logwood, and the decoction of the latter, will also be found very useful in many cases. Ice is one of the best things that the patient can take. He should remain very quiet and cool, and avoid every thing that is likely to excite the bowels.

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* There is scarcely a shadow of difference between this theory and that propounded by Dr. Billing in his First Principles of Medicine.—*Rev.*

In the *Diarrhœa*, too, that is not unfrequently a most dangerous complication of Typhoid fever, the remedies now mentioned may generally be used with advantage. Sinapisms to the bowels also are often of great utility, when the relaxation is obstinate, and the debility of the system great: they should be kept applied, till considerable irritation of the skin is induced. The oxyde of Bismuth with Opium has succeeded in some inveterate cases. The Nitrate of Silver, and the Sulphate of Copper, have also been given with benefit.

In the *Pneumonia* and *Catarrh*, which not unfrequently complicate the course of Typhoid fever, the white oxyde of Antimony has been employed by us with almost uniformly good effects; it generally serves to allay the fever, to encourage perspiration, and also promote the expectoration of the sputa. In some cases, where the debility was very great, and there seemed to be a tendency to rapid exhaustion, we had recourse to the decoction of Polygala with subcarbonate of Ammonia, Musk, and Camphor; and witnessed, unquestionably, good effects from the treatment. When the Catarrhal Mucus was very abundant, and the expectoration difficult, the Muriate of Ammonia with Paregoric Elixir may often be given with benefit.*

The low *Delirium*, that is so frequently present in the progress and advanced stages of Typhoid fever, is best combated by the use of Camphor and Opium, along with an occasional blister to the neck. This latter remedy will generally succeed in removing that intense headache which not unfrequently afflicts Typhus patients, during the convalescent stage.

Anasarca and *Ascites* are occasional consequences of fever. One of the best remedies is the Chlorate of Potash, in doses of 15 or 18 grains every four or six hours. Covering the dropsical limbs with oiled silk has seemed to promote the good effects of internal medication. We have rarely used Digitalis or other diuretics, as the chlorate has generally proved quite sufficient for the cure of the disease; it has this great advantage over most remedies,

* This medicine—the Muriate of Ammonia, or Sal-ammoniac—is too much overlooked in the practice of British physicians. It has long been, and still remains, in high favour on the Continent, more especially among German practitioners. In a great number of cases of Bronchitis and Catarrh, it will be found a most excellent remedy, in combination with Squills or Antimony, and a little Henbane or Opium. Sir G. Lefevre has recently testified to its very useful effects in these and other diseases.—*Rev.*

that it generally improves, rather than impairs, the digestive functions.

Salivation is apt to be a troublesome consequence of the administration of mercury in fever, at least in certain constitutions. No remedy has in our hands proved more useful against this distressing accident than the application of two or three leeches under the lower maxilla: the symptoms usually subside rapidly and effectually under this simple treatment. A gargle made with alum, or camphorated spirits of wine, will also be found very useful in many cases.* Mild saline aperients at the same time may be given with advantage.—*Med. Chirurg. Review.*

CASE OF SINGULAR FORMATION OF CATARACT.

A merchant, aged 65, who had previously enjoyed good health, while sitting one day opposite a window was struck in the face by a sunbeam, and suddenly experienced a severe pain in the right eye. The pain soon diminished; but vision, which was previously perfect, was quite lost on that side. He was seen three days after by Fron-Müeller, who discovered a lenticular cataract of the right eye. On examining the window through which the light passed, Fron-Müeller discovered, in one of the panes of glass, two convex bulbs, similar in size and form to lenses, a circumstance which probably explains the occurrence.—*Gaz. Medica di Milano, April, and London and Edinburgh Journal of Medical Science.*

SPONTANEOUS CURE OF CATARACT.

A stone-breaker, who had suffered from cataract of the right eye from his youth, had the misfortune, whilst pursuing his occupation, to have his left eye struck by a splinter, which produced a violent concussion of the eye, and gave rise to inflammation and loss of vision. The man applied to Dr. G., who, on examining the eye, found, along with considerable inflammation, a completely formed cataract. He combated the former symptom by antiphlogistic remedies, and advised the patient, as soon as all irritation in the left eye should have disappeared to have the cataract removed from the right one, in which the power of vision had been lost at an early period. On this the patient applied elsewhere for advice, and consulted Dr. S. in A.

In order to examine the eye more minutely, the latter dropped into it a solution of the extract of belladonna; in consequence of this the pupil dilated largely; at the same time, the opaque lens fell into the

* A blister to the throat and a gargle of brandy and water are *the* remedies for troublesome salivation.—*Rev.*

anterior chamber; and, vision was immediately restored. The lens became absorbed by degrees, and the patient was cured.—*Allgemeine Zeitung for Chirurgie.*

HOMOEOPATHY IN EDINBURGH.

For some time past there have been rumours of Homœopathy having found its way into the University Clinical Wards of the Royal Infirmary of Edinbugh. We are happy to understand that the Medical Faculty of the University, and the Managers of the Infirmary, have taken effectual steps to check this mischievous folly.—*London and Edinburgh Medical Journal.*

MEANS OF AVOIDING THE ELECTRIC CURRENT DURING A THUNDER STORM.

The place of greatest security is a railway carriage at a distance from the engine. The rails dissipate the negative charge. An individual is also perfectly protected in an iron vessel at sea. In a house, the most secure position is the most central point, if in an apartment without a flue the better. A cellar affords good security against the upward or negative current, whilst a bed affords the best security against the effects of the downward or positive current. To avoid danger, if an individual is on high ground, he should decend; if in a field, he should retire to a hedge; within twenty yards of a tree is a safe position and, if possible, lying down. It is bettér not to remain on horseback during a thunder storm, and those who are in carriages should keep the windows closed. At sea it is necessary to avoid the masts and forecastle of the vessel and to retire to a hammock. If in a boat, rear a wet oar near its head, retire to the stern and lie down. A position near a lake or stream of water is highly dangerous.—*Turley on Thunder Storms: Medico-Chir. Review, and Boston Medical and Surgical Journal.*

DIAGNOSIS OF GASTRALGIA FROM CANCER OF THE STOMACH.

"In gastralgia the appetite is natural, impaired or increased, perverted, depraved, capricious, fantastic, irregular; liquids are digested with greater difficulty than solids: whereas, the reverse is the case in cancer; the digestive process is sometimes easy, and is always affected in the end, in spite of the discomfort and suffering which it frequently produces; the breath is free from bad smell, eructation of air, free from disagreeable taste, occurs frequently; pain at the epigastrium, often of greater severity than cancerous disease occurring in regular paroxysms, shooting to the shoulders and the walls of the chest, and diminishing instead of increasing under pressure, and on the ingestion of food; be-

sides this, there are curious indescribable sensations felt at the epigastrium, and singular pulsations. In gastralgia the color of the patient's skin undergoes no unhealthy change, and his strength and flesh do not [generally] give way. Gastralgia is frequently accompanied by hypochondriasis, cancer is not. Gastralgia affects distant organs by sympathy only. In cancer, other organs become affected by similar disease."—*British and Foreign Review.*

Dr. Locock, first physician accoucheur to the Queen, has a fee of £1000 on the birth of a royal infant. Dr. Ferguson receives £500, and Sir James Clark the same.

INJECTION OF THE UTERUS

AS A MEANS OF EXPEDITING AND FACILITATING DELIVERY.

A farmer in the neighbourhood of Edinburgh, son of a late eminent surgeon of that city, and well known to the editor of this journal, frequently had cows in great distress during their accouchement, and now and then perhaps, like other farmers, he lost a cow in the act of parturition. On one occassion, when a poor animal of considerable value had been suffering for a very long time, and there was every prospect of an unfavourable issue to the affair, as it seemed inevitable that the creature must die undelivered, the owner hurried into Edinburgh, distant about five miles, and took counsel with the veterinary professor, Mr. Dick, as to the course to be pursued.

At the suggestion of that gentleman, he, with all the expedition possible, threw into the uterus from six to eight quarts of tepid water, the animal's hind quarters being previously elevated by a bundle of straw, so as to aid in preventing the return of the water. The instrument employed in the injection was the flexible tube (in fact, that used for the stomach pump), attached to Read's patent syringe, which was easily introduced over the shoulder of the fœtus, the muzzle and forefeet of which had been ascertained to be presenting at the commencement of the labour. The liquor amnii had completely escaped at a very early stage, and it was fully twenty-six hours afterwards before Professor Dick's excellent and ingenious advice was applied. But after the injection the calf was felt floating freely in the cavity of the womb. The animal, however. was so totally exhausted, that there still seemed no hope of the calf being expelled by the natural efforts. Nevertheless, within five minutes after the injection of the water, a vigorous pain came on, and the patient was speedily and safely delivered of a live calf, and sustained no other ill consequences than a few days' weakness, the natural effect of her previous suffering.

Our friend mentioned this very ingenious plan to a neighbouring

surgeon-accoucheur in large practice, who was so much struck with its simplicity and apparent safety, that he resolved to adopt it on the first favourable opportunity. An occasion soon presented itself, in a case where nothing but the long forceps could have effected the delivery of the sufferer; and shortly afterwards in a second instance, where turning and delivery by the feet would have been indispensable to save the patients life.

In both cases the injection of about a quart of tepid water was attended with complete succes; the patients were both delivered of living children by the natural efforts, without any unfavourable symptoms ensuing.

We have gathered these particulars from the owner of the cow, the gentleman who, with his own hands, made practical application of Professor Dick's valuable suggestion, believing that the procedure indicated is new, free from danger in itself, and likely in many cases to obviate the necessity for more formidable and painful operations.—*London and Edinburgh Medical Journal.*

CREOSOTE, A GOOD APPLICATION TO BURNS.

Creosote is one of the most valuable of those remedies which the ancient writers designated as *incarnatives*; *i. e.* promoting cicatrization. M. *Mascharpa* has drawn the attention of his countrymen (Gazetta Medica di Milano) to its excellent effects in this respect, as an application to many ulcers. He has used it also in several cases of burns with the most satisfactory results: it soothes the pain of the injury at the time, and accelerates the subsequent progress of the cure. The best mode of using it is in the form of lotion,—made by adding 20 or 30 drops of it to two or three ounces of water, and applied with pledgets of linen to the injured surface.

(The London Pharmacopœia, in its last edition, contains an "Ungentum Creosoti." prepared with half a drachm of the oil to an ounce of lard; it is applicable for the same purpose as the solution of the oil in water.)—*Med. Chir. Review for July* 1844.

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Edited by Francis Badgley, M. D., and William Sutherland, M. D.

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TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

GENTLEMEN,—In my last communication, (that "ponderous production," as Dr. Nelson names it, very justly, for I doubt not it weighed heavily on his pathology quotations and inferences,) I stated, that the question at issue between Dr. N. and myself was of very small dimensions, being confined chiefly to the determination of what constituted the post mortem evidences of peritonitis. It is satisfactory to find I have laid down the law so correctly, that Dr. N. no longer denies that effusions and adhesions are to be met with even before the disease "has passed through some of its phases." In his former paper, Dr. N. boldly asserted that such events were not to be looked for except towards the close. His words are—"Those are the products of slow or sub-acute inflammatory action, and when present, prove that it had been protracted." Now, however, it is allowed they might have occurred, and *if they were not found after death*, they had been carried away by the copious perspirations of approaching dissolution!!!; in corroboration of which notable discovery, we are treated with the case of a baker baked to death in his own oven, and that of a quack who sweats all his patients.

The Doctor, it would appear, has now entirely given up peritonitis, as the cause of the death, for he says, "Now it so happens that the inflammation in C.'s case was of so short duration, as not to shew the usual consequences"; again, "that twenty-four hours after treatment commenced, all the acute symptoms ceased"; and again, leeches were not applied, because "the disease yielded to the general treatment."

It appears I was right, then, so far as the peritonitis was concerned, in stating that the body did not exhibit sufficient evidence to account for death.

But it turns out that the case published as an exquisite case of peritonitis, was one in which the peritonitis was a comparatively unimportant accident, and that the chief role was played by an external inflammation. If Dr. N. had not made the peritonitis of such importance at first, it would have saved him and myself considerable trouble; him, in producing quotations; and me, in shewing that they were either distorted from their true meaning, or entirely irrelevant. Dr. N. now lays all the blame of the death on the gangrene, and the collapse was not induced by the peritonitis; but, "verily, it was the gangrened state of the lumbar region."*

It is marvellous strange that this collapse, caused by the gangrene of the lumbar region, should have commenced thirty-six hours before death, and yet Dr. N. be so ignorant of its cause as not even to know of the bruise till examination of the body took place. It is marvellous strange that external gangrene should have commenced thirty-six hours before death, and yet eight hours after death be marked by no external appearance. The "gangrenous vesicles" even of Dr. N. did not exist at that time, and were only noticed at the post mortem, twenty-eight hours after.

Dr. N. recalls to my recollection, that I attributed the infiltrated state of the lumbar region to gravitation, and that in consequence he opened the opposite side. The difference was enough to convince me that the left side was in a state of disease consequent upon inflammation; and hence my conclusion, in accordance with his own, viz. "the left side of the loins was in the state of a bruise,"—(see my evidence.) But if the gangrene had existed thirty-six hours before death, followed by thirty-six hours more of decomposition after death, is it credible that the appearance of the part would have permitted any doubt as to the nature of its condition?

So much for the case. I am perfectly willing to allow Dr. N.'s "position" to be judged as he desires, by his first communication, illustrated, as it has been, by the remarks I have appended.

It is particularly agreeable when we find we have so conducted ourselves as not only to avoid blame from those opposed, but virtually to force them to praise. I am fortunate in having by anticipation per-

* Dr. N. states, perhaps to explain the differences which I pointed out between his evidence and his case, that his testimony published in the *Minerve* is the only correct one. I beg to inform him, that my authority is even more authentic than the *Minerve*, inasmuch as it is the evidence signed by his own hand, and deposited in the Prothonotary's Office.

formed what Dr. N. considers worthy of approval. This was shewn in my first paper; for Dr. N. having exhorted us "to know how to discriminate before pronouncing dogmatically," I demonstrated that I had anticipated his advice, by shewing him numerous opinions agreeing with my own. Again, in his last essay, Dr. N. offers, as a rule of conduct, "the following pertinent remarks of Dr. Johnson," viz. "The more rigidly the medical witness confines himself to facts, and avoids the hazard of opinionating himself, and the indelicacy of meddling with the opinions of others, the better." Now the rigid compliance I have shewn with the rule here recommended, will be manifest by the following quotation from my former paper, when speaking of the evidence I gave at the inquest: "Imperfectly aware of the course of the case, I conceive I was not warranted in propounding a more decided opinion. As far as I was well informed, I gave a most decided testimony; when I was in doubt, I conceived myself unwarranted in giving opinions."

Quotations, however, though so frequently offered, do not appear to be the Doctor's forte, and in his case resemble the Asiatic war-elephants, which are apt to turn round upon their friends, instead of marching against their enemies.

Dr. N. assures you, Messrs. Editors, that he writes more "in sorrow than in anger." I, too, lament that I must again retort on Dr. N. his allegations respecting myself. "It is very unfortunate," he says, "that a Professor of Medicine should evince so determined a disposition to distort facts, and strive to render the worse the better cause." It is unfortunate when any one, even if not a Professor of Medicine, commits this fault; and that Dr. N. is himself obnoxious to the imputation, I convincingly shewed in my former paper. For instance, did it or did it not manifest a determination to distort, when he clipped off one half of a paragraph quoted from Mackintosh, because it contained a most decided condemnation of the theory he wished to uphold? Was it or was it not distortion, to endeavour to make Craigie and others speak in his favour, while (as I proved) their writings were entirely adverse to his position? But Dr. N.'s "determination to distort," is not confined to his first production; it is exhibited (notwithstanding the correction it received) in his second. For instance, not deigning "to sift" all the quotations with which "the Doctor attempts to bolster up his untenable (!!) positions," he "cannot help examining two of them," and then proceeds to notice a passage from Alison, and another from Hunter, as if I had applied them to the case of Champeau, saying of the latter, "what similarity is there between it and C.'s case?" while he knew these two quotations, with several others, were made not as having a similarity to C.'s case, (for *they* were *indeed*

cases of peritonitis,) but to prove the erroneousness of his pathology?

Another distortion only I shall notice. He says, "Dr. H. asserts that had C. lived, there would have been considerable sloughing," and then triumphantly asks, "what constitutes a slough, and if it be not sphacelus or gangrene?" not condescending to notice the difference between the present and the future. My words were, "I think it probable that had the man lived, suppuration to a considerable extent, with *perhaps* sloughing of a portion of the cellular and muscular tissue, *might* have ensued."

The Doctor seems pleased that I have admitted that the stomach was inflamed, (though but in a part of its mucous coat,) and says, "but mark, this had nothing to do with the other diseased actions of the abdominal viscera, not at all," &c. &c. Now this was a point which might "have edified or instructed" more than "even the merest tyro in physic." He might, then, with some "little advantage to the profession," have explained how, in a case of intense peritonitis, the whole external surface of the stomach was of its natural whiteness; and allowing that the mucous coat was inflamed, he might have pointed out why it happened to be only along the small curvature, at the greatest possible distance from the seat of the injury.

I am, &c.

A. F. HOLMES, M.D.

Montreal, November 20, 1844.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

GENTLEMEN,—I hand you for insertion the notes of two cases lately under my care in the Hotel Dieu, should you agree with me in considering them worthy a place in your columns.

They formed the subject of my Clinical Lectures this week to the students of the College of Medicine, many of whom had seen the cases in the Hospital.

I shall avail myself occasionally of your columns, (if agreeable to you,) to lay before my professional confrères, the particulars of cases occurring in the Institution with which I have the honor to be connected, and I cannot but express the hope, that the officers of all the Hospitals in the Province will also, through the same channel, present to the members of the profession, the particulars of cases coming under their charge, and this for two reasons: 1st. Because, occupying these situations, it is expected of them both by the profession and the public; and 2d, Because many forms of disease are met with, as a matter

of course, in the wards of hospitals, which rarely, if ever, occur in private practice.

I have the honor to be,
Gentlemen,
Your obedient servant,
PETER MUNRO.

CASE OF STRANGULATED OMENTUM AND MESENTERY THROUGH A STAB WOUND OF THE ABDOMEN.

Oct. 21.—J. H. labourer, of plethoric constitution, by report of temperate habits, was admitted into the Hotel Dieu on the 23d October, for a stab which he had received the previous evening. On a level with the umbilicus, in the semilunar line of the left side, a mass of irregular circumference about three and a half inches in diameter, of a deep purple colour, and doughy feel is observable. On raising this from its edges, it is found to be a protrusion through the abdominal parietes, by an opening which it completely occupies. It is impossible to replace the protruded portion both from its size, and from evident attachment to the edges of the opening.

Gangrene being so palpable, symptoms of strangulation threatening, and being satisfied from its feel, that the intestine itself was not involved in the mass, I determined in consultation with Dr. H. Nelson to remove it, but before doing so, I gently withdrew it a little further from the abdomen; having removed the excrescence, I applied to the pedicle, sponges saturated with ice water, until no oozing was observable, when it was returned into the abdominal cavity; the man was placed in bed, with his shoulders and thighs elevated to relax the abdominal muscles; 24 ounces of blood were taken; the following purgative administered, and barley water alone enjoined for him :

Re : Calomel, one scruple. Jalap, one drachm. Mix.

2, P. M.—The pulse being full and hard, twenty ounces of blood were again taken, 10 grains of calomel given.

5 P. M.—No action of the bowels, a strong mixture of salts and senna were given.

8 P. M.—12 ounces of blood again taken, and 4 grains of calomel ordered.

24th, 9 A. M.—No action of the bowels, the pulse full and strong, 24 ounces of blood from the arm ; an ounce and a half of castor oil to be taken immediately.

2 P. M.—Eight more ounces of blood taken. Blisters were applied to the insides of the thighs, as revulsives ; two grains of calomel to be taken every two hours during the afternoon.

8 P. M.—The bowels have acted powerfully.

25th.—No pain over the abdomen, but the skin is dry and feverish, the tongue furred and whitish at the edges; a quarter of a grain of tartrate of antimony to be given in solution every hour until nausea is induced: he took four portions.

26th.—Reports himself better, less fever, pulse soft, but the bowels have not acted since the evening of the 24th: to take an ounce and a half of castor oil.

This tendency to constipation continued until the 5th November, and castor oil was from time to time prescribed.

27th.—Considerably relieved, but this morning complains of great weakness, and lowness of spirits. I ordered for him a drachm of tincture of assafœtida.

30th. In every respect better, but complains of sleepless nights, half a grain of the acetate of morphia ordered; he is now for the first time salivated; a gargle of the decoction of bark ordered.

From this time until the 10th Nov. the same plan of treatment was pursued; gargles, the acetate of morphia at bed time, and liberal diet.

12th. He walked up to the Self-Supporting Dispensary; has no complaint, but that of weakness.

14th. Discharged cured.

GUN SHOT WOUND OF THE FOREARM.

Paschal Blanchard dit Renault æt 55, a beggar, admitted on the 3rd Nov.

In one of his journeys on the day previous, accompanied by a dog which had incurred the displeasure of one of the inhabitants of a near village, the contents of a musket, consisting of ball and duck shot, which had been intended for the dog, entered this man's left forearm at its lower third; the radius is comminuted, no great constitutional disturbance, Sal Ammoniac applications are made to the injury, and a dose of opening medicine ordered; went on well until the morning of the 6th; the arm and hand were much swollen and the hand covered with immense phlyctenæ, the skin purple, œdema of the wrist, the wound flabby, and emitting a gangrenous odour. Amputation resolved upon, which was performed at half-past one P. M. assisted by Dr. Sutherland, in the presence of the Clinical Class. Liston's operation was performed, and it answered remarkably well.

A perfectly similar case to this last is reported in the 1st Oct. number of *La Lancette Française*. Want of space prevents our inserting it in this number. It arose from a fracture of the radius, and notwith-

standing the employment of the most vigorous means under M. Velpeau, the case terminated fatally on the eleventh day after admission, by phlebitis.]—EDS. M. M. GAZETTE.

AUX EDITEURS DE LA GAZETTE MEDICALE DE MONTREAL.

MESSIEURS,—Si vous croyez la communication suivante digne d'occuper une place dans votre si utile publication, et si vous ne la pensez pas sans intérêt pour la Science au dévelloppement de laquelle vous consacrez vos veilles, vous m'obligerez beaucoup, en l'insérant dans votre prochain No.

Messieurs,

Votre très-humble et obéissant serviteur,

F. MESNARD.

St. Lin, 10 Octobre, 1844.

APPRECIATION DE LA TAILLE " RECTO-VESICALE" ET DES TAILLES " LATERALISEE" ET " BI-LATERALISEE."

Il appartiendrait, sans doute, à un savoir plus profond, à une expérience plus longue et à une plume mieux exercée, de mettre sur le tapis un sujet qui mérite autant de fixer l'attention de ceux qui se dévouent au soulagement de l'humanité souffrante, que l'opération qui a pour objet l'extraction des calculs de la vessie.

Il est vrai que les diverses manières d'opérer dans cette maladie, ont subi de longues et savantes contraverses dans la vieille Europe. Il n'est pas un seul chirurgien de renom, qui n'ait adopté telle ou telle méthode ; et qui ne l'ait vantée de tout son pouvoir, en déprêciant toutes les autres. De ce conflit d'opinions, n'en doutons pas, surgiront des lumières nouvelles, dont le genre humain, en proie à tant de misères, profitera avec avantage. Rien donc n'est plus louable que de contribuer, chacun selon ses capacités, à l'avancement d'une science dont les conséquences peuvent être, tantôt si heureuses, tantôt si funestes, sans qu'il en dépende quelquefois de la main qui les fit naître.

De là, la nécessité si urgente d'avoir des principes certains et des règles invariables. Mais quand la science pourra-t-elle se flatter d'être parvenue à ce *ne plus ultra* de supériorité ? Lorsque la température sera soumise à des modifications fixes dans tous les pays et dans toutes les saisons ; lorsque chaque maladie présentera, partout et chez tous les sujets, la même série de symptômes ;

lorsque les mêmes causes produiront infailliblement la même maladie ; lorsque le même remède aura invariablement le même effet chez tous les individus ; lorsque les individus eux-mêmes présenteront une conformation anatomique parfaitement semblable, et les mêmes phénomènes physiologiques (*) ; ce qui équivaut à dire, jamais !

Mais est-ce à dire, pour cela, qu'il faille renoncer aux recherches qui peuvent conduire à des conséquences plus probables, à des moyens plus sûrs et plus expéditifs, à des résultats, par conséqent, plus satisfaisans et pour le malade et pour l'homme de l'art ? Bien loin de cela, c'est une raison de plus pour aider le mouvement de progression dont toutes les branches de la médecine sont susceptibles presque à l'infini. Or, le meilleur moyen est, sans contredit, de se communiquer mutuellement ses essais, ses idées et ses réflexions, par le canal de la presse. Le plus faible talent peut quelquefois contribuer pour quelque chose à ce but désirable.

Tel est le motif qui m'a induit, moi, jeune et obscur médecin d'une campagne reculée, à publier mes réflexions sur les avantages de la taille *recto-vesicale*, lesquelles m'ont été suggérées par un cas que j'ai eu dans le mois dernier, et où le succès heureux a dépassé mon attente.

Qu'il soit bien entendu que je ne veux point froisser les opinions de qui que ce soit, ni soulever une discussion où la passion se mêle trop souvent. Libre à chacun de croire un autre procédé meilleur. Mon but et mon désir seront remplis, si je puis seulement faire naître à quelqu'un de mes confrères une idée utile.

Quelle est la fin que se propose le chirurgien, lorsqu'il pratique une opération ? C'est de rétablir l'équilibre des forces vitales et de la santé chez l'individu souffrant, en retranchant le membre, ou extrayant le corps étranger qui peuvent nuire à l'économie et entrainer souvent la mort. Or, pour parvenir sûrement à cette fin, quel sera le moyen qu'il devra choisir, entre ceux qui lui sont offerts ? C'est dans le choix du moyen, où le chirurgien montre surtout sa sagacité et sa bonne foi. C'est là qu'il doit laisser de côté tout préjugé et tout sentiment d'égoisme, et ne pas pousser l'ambition jusqn'à sacrifier l'intérêt du malade à sa propre célébrité, ce qui est malheureusement quelquefois le cas : car il n'est pas sans exemple qu'un chirurgien ait adopté tel ou tel procédé, parce que

(*) On pourrait peut-être ajouter : lorsque les médecins ne seront plus jaloux les uns des autres !

l'opération, faite généralement en présence de plusieurs confrères, sera plus brillante, ou présentera plus de difficultés, dont le triomphe pourra ajouter à sa gloire, et cela, sans avoir égard aux chances que pouvait avoir le patient.

S'il était possible de trouver un procédé qui réunît à lui seul toutes les conséquences favorables, celui-là devrait être adopté. Ces conditions seraient, à mon avis, les suivantes.

1°. Le moins de dangers pour la vie du patient, ou les dangers les plus éloignés.

2. La guérison probablement la plus prompte et la plus permanente.

3°. Le moins de douleurs pour le patient, qui en a toujours assez.

4°. Le plus de célérité, qui offre toujours plus de chances de succès, lorsqu'elle ne vient pas de la précipitation du chirurgien, mais de

5°. La simplicité des appareils et du procédé opératoire, qui effraie moins le malade et réussit généralement mieux, parceque l'irritation étant moins considérable, les symptômes inflammatoires le seront aussi.

6°. Le moins d'infirmités probables après la guérison.

7°. Enfin, l'adhésion du malade à la méthode adoptée, lorsque cela peut s'accorder avec les conditions mentionnées plus haut.

Dans le plus grand nombre des cas, il est impossible de rencontrer à la fois toutes ces conditions : alors, il faut savoir prendre celui qui en réunira le plus. C'est ce qui arrive surtout dans l'opération de la taille. Parmi le nombre presqu'incalculable de procédés qui ont été essayés, loués et condamnés, il est impossible d'en trouver un seul qui ne pêche par quelqu'endroit. Or, en admettant les conditions ci-dessus comme base d'appréciation, l'on reconnaîtra facilement, j'espère, que de toutes les manières d'opérer pour le calcul vésical, la taille recto-vésicale est celle qui, chez l'adulte et surtout chez le veillard, présente le plus grand nombre de ces conditions essentielles (*).

(*) Je ne m'arrêterai pas à parler des tailles hypogastrique et médiane, ni de celles de MM. Vidal, Senn et Thompson, qui ne sont pas encore généralisées, et qui seront probablement encore longtemps regardées comme exceptionnelles. Les tailles mentionnées dans le titre de cet article étant celles qui ont réuni le plus grand nombre de suffrages, seront les seules appréciées ici.

I.

LE MOINS DE DANGERS POUR LA VIE DU PATIENT PENDANT L'OPERATION, ET DE DANGERS CONSECUTIFS A L'OPERATION.

Un des accidens les plus rêdoutables qui se présentent assez fréquemment dans la taille latéralisée et la taille transversale est l'hémorrhagie, qui peut avoir lieu pendant ou après l'opération. Elle est quelquefois si effrayante, que les moyens les plus prompts, les mieux dirigés, ne peuvent la vaincre, lorsque le malade succombe sous les yeux mêmes du chirurgien consterné. Comme il est impossible de la prévenir, le patient est toujours dans la pénible et affreuse obligation de faire le sacrifice de sa vie, qui ne sera peut être plus que de quelques heures. Ces hémorrhagies sont occasionnées par la section de l'artère transversale du périnée, ou de la transversale superficielle, ou même de la honteuse interne et quelques unes de ses branches anormales, &c. &c. Lorsque la ligature ne peut être appliqué immédiatement sur ces artères, il faut alors avoir recours à la torsion ; mais faut-il pour cela, que le vaisseau soit découvert, ce qui n'est pas toujours chose facile, ou à la cautérisation qui a failli assez souvent, ou encore au tamponnement, ou ce qui revient au même, aux pinces compressives de Dupuytren, deux choses extrêmement douleureuses, tant dans leur application que dans leur séjour au sein de la plaie, outre que l'irritation qu'elles produisent peuvent entraîner des désordres que le traîtement le mieux suivi ne peut pas toujours corriger. Et que faire, lorsque tous ces moyens fautifs vous manquent à la fois ? Laisser mourir un malheureux qui se sera jeté entre vos bras, avec confiance et abondon, afin d'être délivrée d'une mort certaine, mais encore éloignée, que vous lui procurez dans quelques instans, n'est-ce pas ? Fatale conséquence ! car ce que le célèbre Dupuytren n'a pu, ni prévoir, ni empêcher, il est difficile de se flatter d'en venir à bout.

Ces procédés n'offrîssent-ils que ce seul danger, il serait, ce me semble, suffisant pour ne les employer que dans des cas où une impossibilité reconnue empêcherait de pratiquer la taille recto-vésicale. Mais nous aurons occasion d'en reconnaître d'autres dans la suite de cet article, et je me contenterai de mentionner encore, pour le moment, les infiltrations urineuses dans le tissu cellulaire ou entre les fasciæ du périnée ; la difficulté, dans la taille latéralisée, d'extraire de gros calculs, par une petite ouverture ; l'inconvénient de ne pas suivre la ligne médiane, ce qui peut exposer à blesser les

canaux éjaculateurs, les vésicules séminales, et même la terminaison des urétères, comme cela est arrivée, au rapport de M. Velpeau.

La taille recto-vésicale ne présente aucun de ces inconvéniens. L'hémorrhagie n'est nullement à craindre, par l'absence de tout vaisseau d'importance dans les lieux où pénètrent les instrumens : elle permet l'extraction facile de calculs volumineux : plus que dans toute autre méthode, on reconnait de suite la situation des parties internes et des organes à blesser ou à éviter : vous suivez aisément la ligne médiane : enfin, vous agissez avec la plus parfaite sécurité car vous savez que si le malade a des risques à courir, ils ne sont pas imminens, et que vous avez toujours le temps de les prévoir et de les combattre. Les infiltrations ne sont pas à craindre, vû la direction déclive qu'affecte la plaie, lorsque le malade est sur son lit, et la contiguité des sections interne et externe. Pas plus que dans les autres procédés, vous n'êtes exposé à blesser le péritoine, surtout dans le procédé adopté par le professeur Italien Vacca, que j'ai suivi en partie dans le cas que je rapporterai plus bas.

Quand aux accidens qui peuvent survenir soit de l'inflammation, soit de l'excoriation, soit du gonflement des testicules &c., elle les partage avec les autres méthodes qui ne sont pas plus parfaites sous ce rapport.

II.

LA GUERISON PROBABLEMENT LA PLUS PROMPTE ET LA PLUS PERMANENTE.

Il n'y a rien à dire sous ce chef ; les trois opérations étant, sous ce rapport, dans un complet équilibre. Dès lors, la taille recto-vésicale ne mérite pas plus de dépréciation à cet égard que les autres, tandis qu'elle a des avantages réels et précieux qu'on ne saurait contester.

III.

LE MOINS DE DOULEURS POUR LE PATIENT.

Certainement qu'un homme qui depuis des années, souffre cruellement d'une maladie qnelconque, et qui, pour s'en débarrasser, se détermine à subir une opération, désire ardemment souffrir le moins pessible. N'y aurait-il pas cruauté, que de l'exposer, sans des raisons extrêmement graves, à des souffrances plus grandes que celles requises par une nécessité absolue ? D'ailleurs, il est bien reconnu que moins une opération est douloureuse, plus grande est la chance de succès et plus prompte est la guérison.

Maintenant, sous ce rapport, la taille recto-vésicale l'emporte de beaucoup sur toutes les autres, en ce que l'on pénètre dans la vessie, et que l'on termine la solution de continuité par deux incisions simples, tandis que l'incision extérieure des autres ne peut se faire que par la section graduelle des tégumens, du tissu cellulaire, des muscles du périnée et de ses expansions aponévrotiques ; toutes choses qui fatiguent le patient, épuisent ses forces physiqoes et morales et disposent, par là même, à de plus grands dérangements dans l'économie.

IV.

LA PLUS GRANDE CELERITE'.

D'après ce que nous venons de dire, il est facile de concevoir que la taille recto-vésicale mérite encore ici de fixer l'attention du chirurgien. Car, toutes choses égales d'ailleurs ce qui peut se faire plus promptement, doit toujours être préféré, suivant cet axiome d'Asclépiades : *citô, tutè et jucundé.* Et je suis convaincu que peu de patiens à qui l'on posera une semblable question se rangeront contre moi.

V.

LA SIMPLICITE' DES APPAREILS ET DU PROCEDE' OPERATOIRE.

Un bistouri droit, à tranchant légèrement convexe, ou même tout simplement, un scapel un peu long et étroit, une sonde canelée et des tenettes droites et courbes, constituent tout l'appareil requis pour la taille recto-vésicale. Il n'en est pas de même des autres manières d'opérer, où il faut étaler aux yeux du malade déja trop épouvanté, une table chargée d'un nombre infini d'instrumens de toutes sortes, les uns pour l'opération, les autres pour parer aux accidens (dont le patient doit être prévenu), et tous les préparatifs du pansement,

Quand au procédé opératoire, étant de beaucoup plus simplifié, s'il n'offre pas plus et moins de dungers, s'il est moins douloureux et d'une exécution plus prompte que les autres, si la guérison en est aussi facile, il mérite, sans aucun doute, la préférence.

VI.

LE MOINS D'INFIRMITÉS APRÈS LA GUERISON.

Pour ce qui est de cette condition, je convient que la taille recto-vésicale ne la rencontre pas toujours, et que des fistules ***uréthro-rectales*** sont quelquefois une de ses fatales conséquences. Néanmoins, lorsqu'une faible portion de la muqueuse intestinale est in-

téressée, lorsque le chirurgien a pris soin de n'ouvrir que la partie membraneuse de l'urèthre et une partie de la prostate, sans toucher à toute l'étendue du col de la vessie et pas du tout à son bas-fond, il est extrêmement rare que cet accident soit à craindre.—D'ailleurs, sommes-nous bien certain, dans les tailles latérale ou transversale, que le bistouri ou le lithotome ne blessera pas, en revenant, la paroi antérieure du rectum, d'où il s'ensuivra une fistule d'un caractère souvent plus dangéreux, parce que la paroi intestinale n'étant pas toujours divisée dans toute son épaisseur, l'inflammation s'étendra, de la fibreuse à la muqueuse, laquelle finira par s'ulcérer et formera la fistule dont je viens de parler ?

Au reste, c'est le seul reproche raisonable qu'on ait pu faire jusqu'à présent à ce procédé si supérieur à tous égards, et nous verrons tout-à-l'heure s'il mérite réellement le grand cas qu'en font les détracteurs de la taille recto-vésicale, dont le seul défaut reel est d'être trop moderne et trop simple. On ne sait malheureusement que trop que toutes les inventions et les découvertes modernes sont toujours opposées vigoureusement pendant un certain nombre d'années ; mais tôt ou tard elles finissent par triompher de la ligne que l'on avait formée contre elles, et on les voit alors jouir de l'honneur qu'elles méritent.

D'un autre côté, une certaine classe d'hommes est sans cesse portée à repousser tout ce qui, par sa complication, ses dangers et sa difficulté, n'est pas revêtu d'un caractère de grandeur, de hardiesse, qui puisse faire une espèce de demi-dieu de celui qui conçoit et exécute une telle entreprise. A ceux-là, je dirai que si leur gloire pouvait en souffrir pour quelque chose, il y aurait bien compensation, soit dans les succès, soit dans la reconnaissance du patient au bien-être duquel ils auraient sacrifié un peu de vanité.

VII.

L'ADHESION DU MALADE A LA METHODE ADOPTÉE.

Lorsq'une opération est déterminée, je crois du devoir du chirurgien, s'il y a plusieurs manières de la faire, d'en informer le malade, et de lui laisser voir, d'une manière approximative, les avantages ou les désavantages, les chances ou les dangers qu'il encourra dans chacune ; du moins si le temps et les circonstances le permettent. Par exemple, comme la taille ne reclame pas une détermination très prompte, et que toujours liberté entiere est laissée au malade pour s'y décider, il n'y a aucun inconvénient à lui faire bien comprendre sa position et les résultats de telle ou telle manière

d'opérer. Des lors, il convient de lui laisser le choix, après l'avoir néaumoins éclairé sur ce qu'il peut y avoir de plus avantageux.

Maintenant, prenez cent calculeux, et tenez-leur le langage suivant : nul moyen ne se présente de vous sauver que l'extraction du corps étranger qui vous cause les douleurs atroces que vous éprouvez et dont le séjour trop prolongé dans la vessie peut vous conduire au tombeau. Mais ce corps peut-être extrait de trois manières principales, dans deux desquelles vous courez des dangers immédiats, c'est-à-dire, que vous pouvez mourir en quelques instans et pendant l'opération même : toutes deux sont plus longues, plus douloureuses, plus compliquées, plus dangereuses que la troisième où vous ne courez aucun danger imminent, dans laquelle la douleur et la durée sont notablement diminuées. Les dangers consécutifs sont les mêmes dans toutes les trois, ainsi que les chances de guérison. Mais par la troisième, il nous restera peut-être une fistule pour le reste de votre vie, tandis que par les autres, vous guérissez généralement plus complettement, quoique pourtant une fistule puisse avoir lieu par accident. Maintenant choisissez, et dites-moi par quelle methode vous voulez que je vous opère."

Toutes les personnes à qui j'ai posé la question m'ont répondu, sans exception : si nous étions dans le même cas, nous demanderions la troisième, et je suis convaincu que les cent calculeux répondraient de même. Et après tout, si le malade préfère être exposé à une fistule assez rare et souvent peu incommode, que de courir des dangers grands et réels, de quel droit un chirurgien viendra-t-il dire, comme un médecin du Canada, le printemps dernier, dans une consultation sur le choix entre la taille latéralisée et la taille recto-vésicale :* "je ne consentirai jamais à la taille recto-vésicale, car je ne veux pas qu'il soit dit qu'un malade que j'aurai opéré reste, après l'opération, avec une infirmité dégoutante ; autant vaut la mort qu'une telle infirmité, &c. &c.

Toutes choses bien considérées, je ne vois pas quel si grand cas, nous chirurgiens, devons faire d'une fistule qui pourra arriver une fois sur dix ou douze,† lorsque la personne qui en sera la victime

*Le tiens ceci d'un des médecins avec lequel eut lieu la consultation, et du patient même que l'on devait opérer. Je ne garantis pas ses propres paroles, mais c'en est au moins le sens.

† Je demande qu'il me soit permis de citer un passage remarquable de L. J. Bégin, sur l'importance des calculs que l'on a faits pour donner la préférence à telle ou telle méthode.

"Toutes les méthodes qui viennent d'être décrites," dit notre auteur, "pour "exécuter l'opération de la taille, présentent des avantages et des inconvéniens

et la plus incommodée, la considérera comme peu de chose, en comparaison de l'obligation d'exposer sa vie à des chances très incertaines. Remarquons bien qu'il ne nous est jamais permis de nous jouer de la mort des individus qui se confient à notre prudence, et qu'aucune considération personnelle de réputation ou de satisfaction individuelle ne doit nous laisser entraîner à risquer, pour un moment la vie d'un homme sans qu'une nécessité rigoureuse ne nous y contraigne. Eh! parce qu'un homme pourra *peut-être* demeurer avec une infirmité plus ou moins incommode, nous irons de sang froid, l'exposer à une mort prompte et terrible!

Avouons plutôt que, si quelques uns cherchent encore à jeter du blâme sur la taille recto-vésicale, c'est la consequence déplorable de l'antipathie qu'ont généralement les hommes contre toute espèce d'innovation, quelqu'avantageuse qu'elle puisse être, jusqu'à ce que, par le temps, il se soient familiarisés avec elle: alors le voile tombe, les obstacles se dissipent, et l'utilité en parait dans tout son éclat. Une autre remarque qui ne sera peut-être pas déplacée ici, c'est qu'un grand nombre de ceux qui la déprécient n'ont jamais été à même d'en voir les résultats heureux, et portent *ex-abrupto* un jugement de condamnation, puisé dans un auteur souvent jaloux, qui n'en indique la dénomination qu'afin d'avoir l'occasion de lancer une censure contre une amélioration à laquelle il n'a pas contribuée ou qui n'a pas été découverte par un compatriote.

J'avouerai que j'avais moi-même contre elle de très grands préjugès, parce que les auteurs que j'avais lus sur ce sujet ne m'en avaient jamais fait voir que les inconvéniens, sans avoir la généro-

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" tellement balancés, qu'il est impossible d'établir, d'une manière rigoureuse, le
" degré de supériorité qu'elles peuvent réciproquement avoir les unes sur les autres.
" Indépendemment de la nature même des choses, plusieurs circonstances acces-
" soires contribuent encore à perpétuer l'état d'incertitude où reste depuis longtemps
" cette question: ce sont les variétés infinies de l'organisation individuelle des sujets,
" les degrés divers d'habilité des opérateurs, et plus encore peut-être, les traitemens
" plus ou moins méthodiques et rationnels opposés, à la suite de l'opération, aux
" accidens qu'elle entraîne, et qui menacent si souvent la vie des individus. Les chiffres
" eux-mêmes, malgré l'importance qu'on leur a justement accordée dans ces derniers
" temps, ne détruisent que bien imparfaitement cette obscurité; d'abord, parce
" qu'ils se rapportent à des résultats locaux et personnels, et ensuite, il faut le dire
" parce que trop de chirurgiens, empressés à publier leurs observations de succès,
" ne le sont pas moins à taire ou à laisser dans l'ombre les revers qu'ils éprouvent.
" C'est par cette raison que la statistique, appliquée aux opérations de la taille, n'a
" point obtenu jusqu'ici, et n'obtiendra peut-être jamais, pour résoudre les questions
" qui s'y rattachent, l'autorité dont elle jouit dans la solution d'une foule d'autres
" problèmes; et que l'on devra, pendant longtemps encore, puiser les bases d'appré-
" ciation, entre les méthodes et les procédés, dans la nature des parties intéressées,
" et les chances plus ou moins grandes d'hémorrhagie, de lésions d'organes impor-
" tans, d'infiltrations et d'autres accidens analogues, qui en résultent."
Nouveaux Elémens de Chirurgie, Tome 1, P. 684 et Seq.

sité d'en faire ressentir les avantages. Mais ayant eu occasion de pratiquer le 19 juin dernier, par MM. les docteurs Bruneau et Regnault de Montréal, sur un malade de cette paroisse, j'en conçus de suite une idée des plus favorables que je conserve encore, quoique le patient soit resté incommodé d'une fistule. C'est d'après cela que je me suit déterminé à la pratiquer moi-même avec quelques modifications, sur le sujet dont je rapporterai le cas à la fin de cet article.

Maintenant, pour corroborer les opinions que je viens d'émettre sur cette question, on me permettra de citer un auteur contemporain dont l'autorité fait lois en France, en fait de chirurgie, et dont les succès attestent de la sagacité et justifient la haute célébrité dont il jouit: c'est Mr. L. J. Bégin dont j'ai parlé dans la note précédente. Les citations seront peut-être un peu longues, mais j'espère que l'on me pardonnera, en faveur de l'importance du sujet.

A continuer.

Messieurs,—Dans mon article (No. 7, de ce Journal) sur la coqueluche ou toux convulsive, j'ai omis de parler d'un médicament que le très beinveillant et illustre médecin, Fothergill, recommende (vide le 3ème volume des observations et recherches par une société de médecins de Londres) et que plusieurs autres médecins ont employé à sa recommandation, avec un très grand succès. C'est une préparation antimoniale selon la formule suivante. J'ai pensé que le Dr. Fothergill, ayant écrit ses ouvrages en Anglais, ceux auxquelles cette langue n'est pas bien familiere me sauraient gré de leur en avoir offert un extrait.

A. Von Iffland, M. D.

Yamaska, 25 November 1844.

Prenez de poudre d'yeux d'écrevisses, (*crabs eyes*) un demi gros ; de tartre émétique deux grains ; mêlez exactement.

Chaque grain de cette poudre contient un dix-huitième de grain de tartre stibié ; si on a besoin d'une dose moins forte de cette dernière préparation, on augmente la dose de la poudre absorbante ; de sorte que, par ce mélange, on peut diviser l'émétique en dose aussi petites que l'on veut.

On donne un grain et demi ou deux grains de ce mélange, auquel on ajoute cinq à six grains de poudre absorbante, à un enfant âgé d'un an, on lui fait prendre ce remède dans la matinée entre le

déjeûner et le dîner, dans une petite cuillerée de lait ou d'eau. On augmente la dose selon que l'âge est avancé. Pendant la nuit si la fièvre est considérable, on donnera la moitié de la dose de la poudre cidessus, en y ajoutant quelques grains de nitre ou de poudre de contrayerva. L'effet qui en résulte est une douce moiteur.

Après quelques jours de l'usage de ce remède, l'enfant éprouve moins de gêne dans la respiration, les accès de toux sont moins fréquens, et la fièvre moins forte : On diminue alors le nombre des prises, et ce qu'on donnait en un jours sert pour deux ; on continue ainsi jusqu'à parfaite guérison. J'ai plusieurs fois employé ce mélange avec succès non seulement dans le traitement de la coqueluche mais encore, dans le cas où le ventre des enfans commençait à s'obstrure ; le tartre stibié à très petites doses à produit alors les meilleurs effets.

AUX EDITEURS DE LA GAZETTE MEDICALE DE MONTREAL.

Québec, 8 Nov. 1844.

Messieurs,—Je prends la liberté de vous prier de faire paraître dans votre Gazette Médicale le projet, ci-joint, d'association et d'Assemblée Générale de la Profession, et d'ouvrir vos colonnes aux Médecins qui voudront s'occuper du plan ; sans doute, que ce sera un bon moyen de l'ammener à maturité et de connaître le chiffre de l'association du mois de Juin prochain.

Je ne tiens pas à une assemblée préliminaire aux Trois-Rivières, peut-etre qu'il serait tout aussi bien de suggerer de ne faire que deux assemblées, une à Montreal et l'autre à Québec; les Médecins des Trois-Rivières pourraient joindre soit l'une ou l'autre de ces assemblées, à leur choix : par là, on dérangerait moins les gens. Chacune des assemblées générales, après discussion, &c., élirait 10 membres, qui formeraient un bureau de 20, avec pouvoir de baser un plan, règles &c., et de s'assembler quand et ou bon leur semblerait ; ils seraient tenus en formant un corps de règles, de bien s'attacher à l'opinion des deux assemblées générales, ils annonceraient ensuite publiquement l'existence de l'association &c. je vous prie instamment de vous occuper de ces détails, et de nous donner vos idées la dessus. Je garde pardevant moi les signatures des Médecins obtenues dans Québec seulement : pour point de départ, je ne me suis attaché qu'à rencontrer l'assentiment de la majorité ; nous ne pouvons pas esperer que tout les membres de

la Profession dans la Province voudront s'associer, mais avec un chiffre de 100, nous serions amplement en moyens de nous entre-secourir dans les cas de malheur ou de détresse.

J'ai l'honneur d'être

Messieurs,

Votre très humble etc.

Jos. PAINCHAUD.

MEDICAL FUND OR MEDICAL ASSOCIATION.

The objects of this Association are :—

1. To afford relief to distressed Physicians, caused by inability to practise, whether it be through age or any other infirmity.

2. To relieve or assist their widows or children, the relief to be extended to the latter until 21 years of age.

The Association will not commence to extend relief to any persons until after the expiration of ten years.

The annual subscriptions during the 10 first years with the Interest thereon accruing will form the Capital of the Fund, which will remain untouched and shall be placed at Interest on good landed security.

All petitions for relief and assistance shall be addressed to a Committee or Board, which shall be composed as follows, that is to say:

The Board shall consist and be composed of 20 Associate Members 10 of whom shall reside at Montreal and 10 at Québec.

The Board shall elect the President, Vice-Presidents and Secretaries, and Treasurers for one year, and the Officers thus elected shall be entitled to no emolument whatsoever.

The Board shall present annually their report to a General Meeting of the Association which shall be held alternately at Quebec and Montreal on the first day of June of each year.

The first General Meeting shall be held at Three-Rivers on the first day of June 1845.

All Rules and Regulations which may be adopted by a majority of Members of the Association present at the first General Meeting thereof shall be and remain in force for the period of 20 years.

The Presidents, Vice-Presidents and Secretaries of both Medical Boards are requested to interest themselves in the project of the Association and the convocation of the next meeting.

We calculate on 100 Membrs, each of whom shall pay annually the sum of . . . . . £3.

In 10 years each Member will have paid . . . £30.

In 10 years the capital with Interest multiplied will amount to . . . . . £4558.

At the expiration of 10 years, the sum at the disposal of the Committee for the above purpose for the first year will be the Interest of the Capital, . . . £285.

But with the subscriptions of each subsequent year the sum at their disposal to be distributed as circumstances may require, will be . . . . . £585.

We have reason to believe, that an Association of the present nature will receive support from Physicians who are in affluent circumstances and who are without family, bachelors either by donation or legacy; and perhaps it may, even, receive similar aid from those who do not belong to the Profession and in this opinion, we are strengthened when we consider the end of this ***laudable*** and ***praiseworthy***, institution.

The undersigned without pledging themselves entirely to the above mentioned project, are nevertheless in favour of a general meeting of the Profession to take into consideration and discuss its merits.

Jos. Painchaud,	T. Chavert,
M. Bardy,	J. E. J. Landry,
Pow. Stansfeld,	John Hall,
Pierre Baillergeon.	Jas. A. Sewell,
J. E. Nault,	John Rowley,
Denis Blanchet.	John Racey,
L. J. Roy,	J. B. Blais,
P. J. Tourangeau,	Ed. Rousseau,
James Wolf,	Frans. P. Seguin,
Jos. Parant,	J. G. L'Espérance,

SIR JAMES GRAHAM'S MEDICAL REFORM BILL.

The following is a correct abstract of Sir James Graham's "Bill for the the better regulation of Medical Practice throughout the United kingdom":—

The preamble says—"Whereas it is for the good of all Her Majesty's subjects that the knowledge of physic and surgery should be promoted, and that means should be afforded whereby those who have been examined and found skilful by competent authority may be known from ignorant and unskilful pretenders to the same knowledge: and whereas the laws now in force concerning the profession of physic and surgery require to be amended, be it enacted," &c.

The first clause goes on to enact the repeal of various existing statutes bearing on the medical profession, and "so much of any actor charter granted before the passing of this act as prohibits any person from

practising physic or surgery in any place, or as imposes any restriction on the practice of physic and surgery other than is contained in this act."

2. Proposes to establish a "Council of Health, and Medical Education, to be composed, 1st, of the Regius Professors of the Universities of Oxford, Cambridge, Dublin, Edinburgh, and Glasgow; 2nd, of a physician and a surgeon, to be chosen respectively by each of the Colleges of Physicians and the Colleges of Surgeons of England, Ireland and Scotland; and 3d, by six other persons to be appointed bo the Queen—one to be a principal Secretary of State, who shall be President *ex-efficio*.

(From Clause 2 to 13 refers to the Constitution and Regulations of the Council.) Eds. M. M. G.

13. Council to keep and publish a register of all who produce qualifications to practise as a physician, a surgeon, or a licentiate in medicine and surgery; £5 to be paid by physicians and surgeons for registration, and £2 by the licentiate; such sums to be applied to defray the expenses of carrying out the act. Names and qualifications to be forwarded in January each year.

14. Licentiates in medicine and surgery to be twenty-one years old and to have been examined by the colleges in either country, but if in England by the Apothecaries Company also.

15. None, with certain exceptions, to be registered as surgeon unless twenty-five years old, and examined, on showing that he had applied to surgical studies for five years.

16. Physicians to be registered if twenty-six years old, and graduates in medicine of some British, Irish, or foreign university, after five years medical studies. Foreign graduates to be first certified by some of the colleges.

17. Relates to registering as physicians and surgeons.

18. Physician and surgeon registered after examination to be associates of the college in which he has had his diploma, and, on removal to either part of the United Kingdom, to be an associate of the college of that part without further examination.

19. Each college to give the council its curriculum when called upon; council empowered to make such changes as it may deem necessary to equalise the qualification and the fees neccssary for examination.

20. Hereafter no degree in the faculty of medicine to be given unless the person matriculated in the same university, and attended medical instruction in it for two years next before the granting of the degree.

21. Lawful for any university to grant the degree of Bachelors in the Faculty of Medicine to persons twenty-two years old, who have otherwise pursued certain studies.

22. No bye-laws of any of the colleges to be valid until approved of by the Council of Health.

23. The students at the several hospitals and medical schools to be registered as directedby council—fees not to exceed 10s. each, and to be remitted to council.—No hospital or school to be recognised which neglects this registration.

24. Relates to the examining bodies.

25. Authorises the council to depute its secretary or any member to attend at the examinations, and to ascertain if the regulations in respect to them and to qualification have been adhered to.

26. After passing of the act, no person except registered as above, to be "appointed to any medical or surgical office in any public hospital, prison, infirmary, dispensary, workhouse, or other institution," or in the Army orNavy, or East India Service. Council can proceed to specify what such public offices are.

27. Exempts all so registered from serving on juries. and none else are evidence on medical or surgical subjects in courts of law.

28. Lawful for council, within twelve months, to register any physician, surgeon, or apothecary, on production of diploma or certificate; and

29 and 30. All who, after the passing of the act, appointed to and practice in, any public, medical, or surgical office, are liable to a penalty of £20, and none but registered persons, or those who can shew that they were legally practising when the act passed, can recover at law, for professional attendance, or "for any medicines prescribed or administered."

31. Persons falsely pretending to be registered liable to fine and imprisonment, as court may award.

We received some time ago the first part of a Practical Treatise on Ophthalmic Medicine, by Ed. Octavius Hocken, M. D. We could not then do any more than look it over cursorily; we have, however, had time since to peruse several of the articles, and have not any hesitation in expressing our opinion as to the work being a "complete practical digest" or compendium of the present state of Ophthalmic Medicine. The work, when perfected, is to consist of three parts, each of which will contain upwards of 100 pages, in very close but beautiful type. We extract from page 28, sec. IV, (Vascular disturbance without inflammation &c. &c.,) as affording a good example of the manner in which the diseases are described:—

VASCULAR DISTURBANCE WITHOUT INFLAMMATION.

Under this head I intend to consider, 1st. simple vascular fulness; 2nd, deficiency of blood; thirdly, hæmorrhage from the conjunctiva.

Conjunctival hyperæmia is an important symptom in many of the diseases of the eye, as I shall have hereafter to explain, and in many other affections connected with determination of blood to the head. We look at the conjunctiva for information in apoplectic subjects, in fever, or inflammatory disorders of the brain, and are often called on to prevent active congestions from passing into the stage of inflammation, when occasioned by mechanical injury or irritation.

Anæmia, also, is a valuable criterion in affections of the head de-

pendent on exhaustion; one frequently resorted to in the diagnosis of amaurosis, and as a guide, amongst other symptoms, for treatment.

Hæmorrhage from the Conjunctiva (vide Author's Paper, Med. Gaz. vol. ii. 1839-40, p. 337).—It would seem that hæmorrhages are most likely to occur spontaneously from mucous membranes, being, in the generality of cases, the result of transudation through the coats of the blood-vessels and the investing membrane, or more rarely from direct rupture of some vascular branch. When depending on transudation, the condition necessarily supposes a pre-existing condition of capillary hyperæmia, which may be either active, passive, symptomatic, or sympathetic, and either active or passive, in its local and general symptoms, with every intermediate shade. As all the mucous membranes are predisposed to spontaneous hæmorrhages, so those are especially which are most active in their functions, and receive the largest vascular supply; hence the frequency of hæmoptysis, hamatemesis, and melæna, and the comparative infrequency of hæmorrhage from the conjunctiva. That hæmorrhages occasionally do take place from tho conjunctiva the following case will prove:—

An interesting example is narrated by Dr. Kersten, of Magdeburg (Rusts' Mag., bd. 58, heft 1), who remarks that there are two sources whence the blood flows in these cases; either there is a real secretion of bloody tears by the lachrymal gland, which is a very unusual occurrence, or hæmorrhage takes place from the conjunctiva of the globe or eyelids, or from the caruncula lachrymalis.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

GENTLEMEN,—The following case is at your service, should you deem it worthy a place in your periodical:—

Catherine R., aged about nineteen at the time of her accident, in September, 1843, fell from a window two stories high, (while employed in washing it,) on the flag pavement, by which her back was severely hurt; it having most probably been the part that first struck the ground. She was in consequence taken to the Nunnery Hospital, where, by her account, she remained about three months, when she was discharged. She then applied for admission into the Montreal General Hospital on the 12th December, 1843. At that time she was paralytic of her lower extremities, which were also rigid and inflexible; the whole surface of the body was in a state of extreme sensibility, so much so, that she could not bear to be examined, or even handled to render her ordinary assistance, her countenance was ex-sanguine and indicative of suffering, pulse about 100, small, bowels torpid, surface, particularly that of the extremities, cold. She had never menstruated, although her appear-

ance was womanish, and her mammæ developed. There was no deformity of the spine, which was extremely tender throughout its whole length. It was somewhat difficult to obtain her case, as she is not a very intelligent person. The report she gave of her previous treatment was, that she was blistered and rubbed with liniments, but was never bled nor cupped.

It appeared to me that a great deal of her present suffering depended on hysteria; it was not, however, so easy to determine how far the principal symptom, (the paraplegia,) might be fairly attributable to the injury sustained by the spine, or how far it might depend on hysteria. She was several times cupped on the back, and had blisters and stimulating liniments freely applied, both to the spine and epigastrium; purgatives, as aloes, croton oil, &c., were exhibited, in order to keep the torpid bowels open, assafœtida and valerian were given, both by the mouth and per anum; two applications of leeches were made to the labiæ externœ, after the first of which, she had a slight catamenial discharge, which is the only occasion it has ever appeared. At this time she made an unusual exertion, by which means she was able to get out of bed, with some assistance. The nature of the case becoming now more apparent, the cold shower bath, and carbonate of iron, were prescribed; and with the object of inducing a return of her menstrual function, an injection of liquor ammoniæ in milk, (per vaginam) according to Lavagua's suggestion, was twice given her, without any apparent effects; under this treatment, however, she gradually improved, and by the end of that month (December) she was able to leave her bed, unassisted, and to walk a few steps. During the above period she occasionally suffered from tympanitis, which, coupled with the morbid sensibility of the abdomen, caused her much suffering. The clavus hystericus, and pain under the mammæ, also occasionally added to her distress.

My attendance at the hospital terminating at the end of the month, she left my care, 'till September of the present year; during which interval, it appears she remained in hospital, with the exception of a day or two, when, being supposed sufficiently well, she was discharged, but was immediately obliged to return. It is stated that during the above period, the treatment was in general like that which has already been related, and that her complaints were much of the same character, varying in severity, at different periods. It was also reported that for the greater part of the time she suffered from retention of urine, which was regularly obliged to be drawn off by the catheter.

For some time she was confined to bed by a rigid spasm of the muscles of the lower extremities, by which her feet were drawn up, and her limbs contracted. She also suffered from epigastric pain, and vom-

iting after eating food; and in consequence, was supposed to be affected with gastritis. On my resuming the charge of the hospital, I found her suffering (as above related) from frequent vomiting, particularly after food, of acid, watery, and curdled matters; the quantity far exceeding her ingesta. There was great tenderness of the epigastrium, and generally over the abdomen, with occasional distressing tympanitis, her pulse afforded no indication of inflammatory action; her countenance ex-sanguine, was liable to frequent flushing, from the exacerbations of pain to which she was subject; her lower extremities in rigid spasm, the feet being curved by the action of the flexors of the toes; her spine very painful on pressure.

There was no wasting of the limbs or of the body, her tongue clean and natural, bowels daily moved, appetite capricious, and temper irritable; there had not been any return of the catamenia. Although she was unable to walk, from the spasmodic state of her feet, she was, however, generally able to sit up daily.

The pil: aloes cum myrrha, and carbonate of iron, with the cold shower bath, were ordered. The vomiting subsided for a short period, but returned about the middle of the month, particularly after eating. The ejecta much as already described, in addition to which she suffered from a pain of the right hypochondrium, and epigastrium—antacids, opium, and creosote, were exhibited without any very apparent effect; she was cupped over the epigastrium, which afforded temporary relief; the pain, however, moved to the right breast, and occasionally shifted about to other parts; her pulse generally being about 80 to 100, never indicated any inflammatory action going on. Camphor, ammonia, lime water, opium, tris-nitrate of bismuth, æther, brandy, hydrochloric and sulphuric acids, and quinine were severally prescribed, belladonna plaster to the epigastrium, tartarized antimony and blisters to the spine and epigastrium; sinapisms and liniments were all tried, without any very apparent effect on the vomiting, or on the nature of the ejected matters; when, on the 25th of September, she was put under the mesmeric influence, during which time she appeared perfectly insensible to pressure over the abdomen, which she could not previously have borne; for some time after the effect had apparently subsided, she felt easy, and free from vomiting; it, however, returned with the same violence, the epigastrium was again blistered, and the belladonna plaster applied, from which no apparent benefit resulted; she was again mesmerised; on recovering from which, she had an hysterical fit, (it appears that she has had several on former occasions;) her vomiting subsided, and did not return for four days, and she slept better; after this short respite the vomiting returned as formerly.

About the beginning of October, it was reported that there was an

occasional transient procidentia of the bladder, or some of the pelvic viscera, which she was very sensible of, from her feelings alone ; this descent was not attributable to posture, and appeared to depend more on some convulsive action about the pelvic viscera ; upon examination per vaginam, great irritability of the genitals was discovered, the uterus normal, and in situ, the os tincæ very sensitive, the slightest touch giving great pain, and inducing a bearing down of contiguous parts, but no prolapsus of the bladder, nor other viscus was discovered. Two leeches to the labiæ externæ were ordered ; an injection per vaginam of nitrate of silver, (gr. x to the ounce, of distilled water,) to be thrown up daily, cupping glasses and a blister to the sacrum, cold shower bath and tincture of lyttæ gtt. x x x bis in dies were directed.

The vomiting continued. In other respects, the treatment appeared to benefit her, and the prolapsus disappeared for a few days, when it again returned in the same transient and active manner; this opportunity being seized to ascertain its nature, an examination was made, when about an inch of the internal membrane of the rectum, was found protruded from the anus, appearing firm and rigid, of a rosy color, which almost as soon as perceived, reduced itself unaided, by a rapid and powerfully vermicular motion ; she was not aware of any cause for the descent of the bowel, and had not been straining in any manner, nor was she out of bed. At this period she sat up daily; her appetite being capricious, she relished some salt meat, but which was like all other things she took into the stomach, vomited. It may be right to notice, that her diet was varied in every way that could be thought of, without any advantage.

It is not necessary to report the remainder of the case minutely, it will suffice to say, that the vomiting persisted, sometimes being severe, at others easier, till the 19th of October, when her bowels became torpid. The treatment has since been pretty much as before ; cupping and blistering of the epigastrium and spine. Purgatives, as ol. ricini, spirit terebinth, jalap, calomel, elaterium, croton oil, the fœtid, common and turpentine enemata, opium, hyosciamus, camphor, creosote, hydrocyanic acid, valerian, &c. &c.

On the 6th November, 19 days from the commencement of the constipation, her vomiting continuing daily; there being no tumefaction nor tension of the abdomen, (which was occasionally painful,) no febrile excitement nor unnatural state of the pulse; the ejecta were observed to be different from what they usually were, being oily, and darker colored ; and it was thought that possibly some of the oil of the enema previously administered, had been vomited up ; to prove which, an enema with spirit of turpentine was given, which was in like manner vomited, the smell being very palpable, together with a feculent odour,

and appearance. Her bowels still continued unmoved; in fact, the peristaltic action of the bowels seemed now quite inverted; on the 9th she had another turpentine enema, which was vomited almost immediately, the nurse declaring *it could not have been three minutes in the bowels.*

Simple unirritating broth enemata ordered, as nourishment, were in like manner thrown up. With all this distress, she sat up daily, and walked about, and generally passed sleepless nights. On the 11th, 24 days from the commencement of the constipation, I directed her again to be mesmerised, recollecting the soothing effect it formerly had on her, and observing the utter inefficacy of all therapeutic remedies.

This mesmerising at once induced sleep, and quieted her stomach in a great measure, as she only had occasionally while awake, some retching but no vomiting; this quiet continued for three days. She was again put under the "influence," on the 14th, which obtained for her a quiet night, and sleep. On the following day her stomach was quite at ease, and she ate food, which remained on the stomach, and which had not been the case for several weeks before. Purgative enemata were ordered; she again vomited on the 15th, and was again mesmerised, and a turpentine enema given, *which produced a motion from the bowels some time afterwards, upon her going to the water closet,* the first passage *per vias naturales* she has had for 28 days.

Many circumstances of the case have been omitted for the sake of brevity; it may, however, be remarked, that she has not emaciated, and that she has had occasional short but strong hysterical fits, particularly after she is recovering from the mesmeric influence. She frequently sings and talks while under the "influence," but does not hold a conversation; she appears averse to being subjected to it, although she does not assign a reason.

Although I am fearful that if this mysterious *science,* (if I may use a *misnomer*) were generally cultivated and adopted, it might occasionally lead to very immoral consequences, I still cannot deny the beneficial, (although temporary) influence it has had in the above case, and no doubt, would also in many others, and I must plead in apology for the desultory history of the case, and its treatment, my wish to reduce the "Protean malady" of twelve months duration, to a limit suitable to your pages. Those who have followed this ever changing disease, through its infinity of shapes, will admit the impossibility of doing otherwise, without the certainty of tiring your readers; although I know of few diseases so puzzling to the inexperienced, or which require more attention and careful study and observation. For the same reason I am obliged to pass over with so brief a notice, the extraordinary rapidity with which the enema given on the 9th November was thrown

up by the stomach, and the remarkable vermiform activity of the prolapsed rectum. It may be that I shall give you some further account of the case, should more decided effects follow the treatment.

I am,

Gentlemen,

Your obedient servant,

J. CRAWFORD, M. D.
St. James Street.

November 21, 1844.

St. James Street, 28th November.

I have the pleasure to add to the account I have given of the case of Catherine R., that the natural peristaltic motion of the bowels, has been restored, and that she has had daily a regular evacuation per vias naturales, now having little to complain of, but occasional slight pain of her chest, or headache, and being still unable to discharge her bladder.

I had forgotten to mention a curious physiological and interesting fact, that while the mesmeric influence is affecting her, there is scarcely any urine secreted, although she has occasionally slept upwards of 24 hours at a time. This fact does not appear to me accountable singly, from the circumstance of her not drinking during that period. It perhaps affords us a useful hint in the treatment of diabetes; but of course I am quite unprepared to reason on the point; useful remedies have been originated on less philosophical grounds. I therefore venture to give this crude suggestion, upon the basis I have mentioned. It was my intention to have tested the actual quantity of urine secreted in a given time, while under this peculiar influence; but as we have attained our object for the present, I am not desirous of interfering too much with her; should an occasion offer, which is likely, I shall not overlook it.

I am, &c.,

JAMES CRAWFORD.

THE MONTREAL MEDICAL GAZETTE,

Omnes artes, quæ ad humanitatem pertinent, habent quoddam commune vinculum, et quasi cognatione quadam inter se continentur.—*Cicero.*

MONTREAL, DECEMBER 2, 1844.

We beg leave to direct the attention of our readers to two very important articles in our present number:—The abstract of Sir James Graham's Medical Bill for Great Britain and Ireland, brought before

the House of Commons on the 7th August last; and Dr. Painchaud's proposition for forming a Medical Fund, or Medical Association for the relief of distressed or incapacitated members of the Profession in Canada East.

Time was, when from the expense and difficulty of obtaining information relative to the state of the profession in the Mother Country, and the length of time which intervened between the successive importations of British Medical Journals, ordered by a very small number of the members of the Profession in this country, scarcely any interest was felt as to what was going on at home; but a different state of things now exists. In almost every city in the United Province some men are to be found who received their professional education, either wholly or in part, in one of the portions of the United Kingdom; many who rejoice in it as their birth-place, and all who now look to the great men of our profession in that country, as the men they should emulate, or whose zeal in elevating the character of their profession they desire to imitate. Many of our readers may not be aware that the Profession in Great Britain is made up of three totally distinct ranks or orders; pure Physicians, pure Surgeons, and Apothecaries, or more generally known as general practitioners. The former two practise only in their respective branches of Medicine and Surgery, while the latter, (many of whom being M. D.s of one of the Universities, and Licentiates of one of the Royal Colleges of Surgeons, possess themselves also of the license of the "Society of the Art and Mysteries of Apothecaries,") not only take under their care, Medical and Surgical cases indiscriminately, but make up their own prescriptions, or in other words, dispense their own medicines. The Colleges of Physicians and Surgeons, and the Society of Apothecaries, are all endowed with certain privileges conferred upon them by royal charters or acts of the Imperial Legislature. The Charter of the first, granted by Henry VIII., and confirmed by subsequent statutes, first constituted a legalized Medical Profession in England, and this Charter has governed and swayed the destinies of this portion of the profession up to the present day, after a lapse of nearly three and a half centuries. The Royal College of Surgeons did not receive their Charter until the beginning of the present century, we believe in 1800; it was only in 1745, that they were distinguished and separated from the barbers, during the reign of George II. The legal constitution of the Society

of Apothecaries was only given to it in 1815. But owing to the fixed determination of the heads of these respective bodies to be guided not only by the spirit but the letter of their Charters, and the provisions in each, with the Bye-laws thereon established, proving excessively unpopular to the rising generation, efforts began as early as 1807 to be made, with a view to reform the Royal College of Physicians, and from that time until the present, means have been unceasingly adopted for the reform and modification of all the Medical Institutions in Great Britain. And to what is the present proposed reform mainly attributable? To the establishment in all the divisions of the Kingdom of Influential Medical Associations. Indeed, by comparing the three great principles of Sir J. Graham's Bill with the petition of the Provincial Medical Association presented to Parliament in 1840, we cannot fail of recognizing the basis of their petition. The three principles in the Medical Reform Bill, are: 1st. Uniformity of qualifications among practitioners of the same class, wherever licensed in the United Kingdom. 2d. Uniformity of privileges in the three divisions of the Kingdom. And 3d. The abandonment of prosecutions and penalties against unlicenced persons, but with the substitution of strong inducement, in the way of privileges, for all to qualify themselves.

The prayer of the petition of the Provincial Medical and Surgical Association was summed up in one:

"That there should be erected one General Medical Institution or College, and one examining or licensing body, in each division of the kingdom."

They did not contemplate in this the degradation of the profession, as many would a *priori* suppose; they did not conceive that by establishing a minimum of qualification, without which no person should be suffered to undertake the responsibilities of the profession, they would be levelling the higher departments of it. On the contrary, they saw a means by which men less favored by fortune after having proved themselves competent to enter upon the anxious and important duties of their vocation, (being qualified for all,) might and would select that department which was most congenial to their tastes, or for which they were best fitted, and by excellence in it would have a right to enjoy those high privileges connected with the highest departments hith-

erto denied to all who had not taken their degrees at one or other of the English Universities. There are some points in Sir James Granam's Bill, of which, we must confess, we do not entirely approve, but we must take them up at a future time. In the interim, we recommend to the careful perusal of our brethren this important document.

Whatever has a tendency to elevate the character of the medical profession as a body, in this Province ; to effect a higher standard of the requirements of its members as scientific men ; to form a bond of union for mutual protection and the maintenance of their just and legal rights ; and to generate among them those feelings which should alone be found to exist among men engaged in the same pursuits, and which, unfettered by paltry jealousies, would have the effect of animating them with an ardent desire to advance the science of medicine, not only for the benefit of mankind, but also for their own reputation's sake, will ever claim and have our warmest support. The truth of the axiom, "Union is Strength," has been shewn to be most true, in reference to our profession, in the United Kingdom ; we well remember, when Dr. Hastings of Worcester and a few friends, proposed to establish the "Provincial Medical Association" in 1831, and how has it thriven ? In 1840 the number of its members amounted to nearly 1200, and it has progressively increased, independently of several branch associations having been formed in different districts for co-operation with it, their parent one. We hailed with much pleasure the establishment of the Medico-Chirurgical Society of this city; that of the Toronto and Home District Medico-Chirurgical Society; and we were delighted more recently to hear, that the Medical Society of Quebec was about to be revivified. We hoped that these collectively would one day form the nucleus of a general association of the members of the profession in Canada. The appearance of Dr. Painchaud's proposition in our present number, proves, that we had not formed a wrong opinion on the subject.

But with all deference, we must submit, that the scheme of our Quebec confrères is far too limited, both in its design and the sphere of its action. That a charitable fund should be the grand connecting link of such an association, we most heartily concur in, but the objects contained in the first few lines of this article we deem to be equally

essential. The Medical Profession in Canada is yearly, nay monthly, increasing in numbers, to such an extent, that it almost claims to be regarded as a corporate body, and from the influence of its members, it would be enabled to obtain, by respectful representation of its wants, those legislative protections to which it may become entitled; moreover, with the increase of the Province, from whence could such correct opinions be obtained by Government on many most important statistical and hygienic matters, as from an association of professional men, assembled from all parts of the Province? Again, we have a great distaste for *monopolies*, and we cannot think that our friends at Quebec would desire to limit membership to merely the professional men of Lower or Eastern Canada. We would much rather see men belonging to such an association, meeting once a year for the discussion of various matters appertaining to their profession, and coming from all the places between Gaspé and Manatoulin. Not that we would approve of the anniversary meeting being held at either of these places, but we conceive, that holding meetings alternately, at one of the principal cities in Eastern and Western Canada, would have the effect of cementing the members of the profession into a more solid body, without reference to any other circumstance whatever, but those which bore upon the profession itself. We shall be most happy to insert the opinions and suggestions of our brethren in all parts of the Province on this important proposition.

MEDICAL MISCELLANY.

The Faculty of Medicine of the University of M'Gill College commenced their Lectures on Monday the 4th ult.—From reports that have reached us, we have reason to believe that the number of medical students attending public or private Lectures in this city during the present session, will not fall far short of, if it do not exceed, 100. 47 have matriculated at the College of Medicine. A very excellent introductory Lecture was delivered by James Crawford, M. D., on Saturday, the 9th ult., to the students of the Montreal General Hospital of this city, preparatory to a course of Clinical Lectures which are to be given at that institution during the session. A Lecture is to be given every Saturday; with a weekly Clinical Lecture at the General Hospital, daily Clinical remarks in the wards of the Hotel Dieu, and bi-weekly Cli-

nical Lectures at the Self-supporting Dispensary, students will have but themselves to blame, if they do not derive every benefit from "personal practical observation" of disease. One of the two new and very commodious wards lately added to the Hotel Dieu was opened during the third week of November; when both the wards are occupied, accomodation will be afforded in that excellent institution to 100 in-door patients.—A very important medical convention was held in Philadelphia, during the last week of October, for the discussion of the following subjects:—The medical and moral treatment of the insane; the construction and organization of asylums; the jurisprudence of insanity; the prevention of suicide; statistics of insanity; asyla for idiots and colored persons; the prevention of insanity, and insanity in prisons. All these subjects, after full discussion were referred to appropriate committees, to be reported upon.—The anniversary meeting of the Medico-Chirurgical Society of this city was held on the first Saturday of October, when it apeared from the Secretary's Report, that in addition to the nineteen original members constituting the Society, thirteen new members had been admitted during the year; the Society had met twenty times during the same period.—The Medical Students' Society of M'Gill College, and the College of Medicine, have commenced their meetings for the session; the objects of these Societies are praiseworthy. The first competitor for the Clinical Report Prize offered by the Editors of this Gazette, has forwarded the first of his series from the Mariue Hospital of Quebec. The specimen is good.

TO CORRESPONDENTS.

MEDICUS cannot appear.—We have come to the determination not to admit any communication under an assumed title, which purports to attack the opinions entertained by the writers of any papers in the Medical Gazette, unless such impugning be based upon facts which have come under the personal cognizance of the critic, and which had been previously omitted.

Dr. BOURGEOIS' letter has been received. He will shortly hear from us by post.

J. T. N. Quebec.—We hope soon to receive another proof of his attention, on Hospital practice.

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THE

MONTREAL MEDICAL GAZETTE,

BEING A

MONTHLY JOURNAL OF MEDICINE,

AND

THE COLLATERAL SCIENCES.

Edited by Francis Badgley, M. D., and William Sutherland, M. D.

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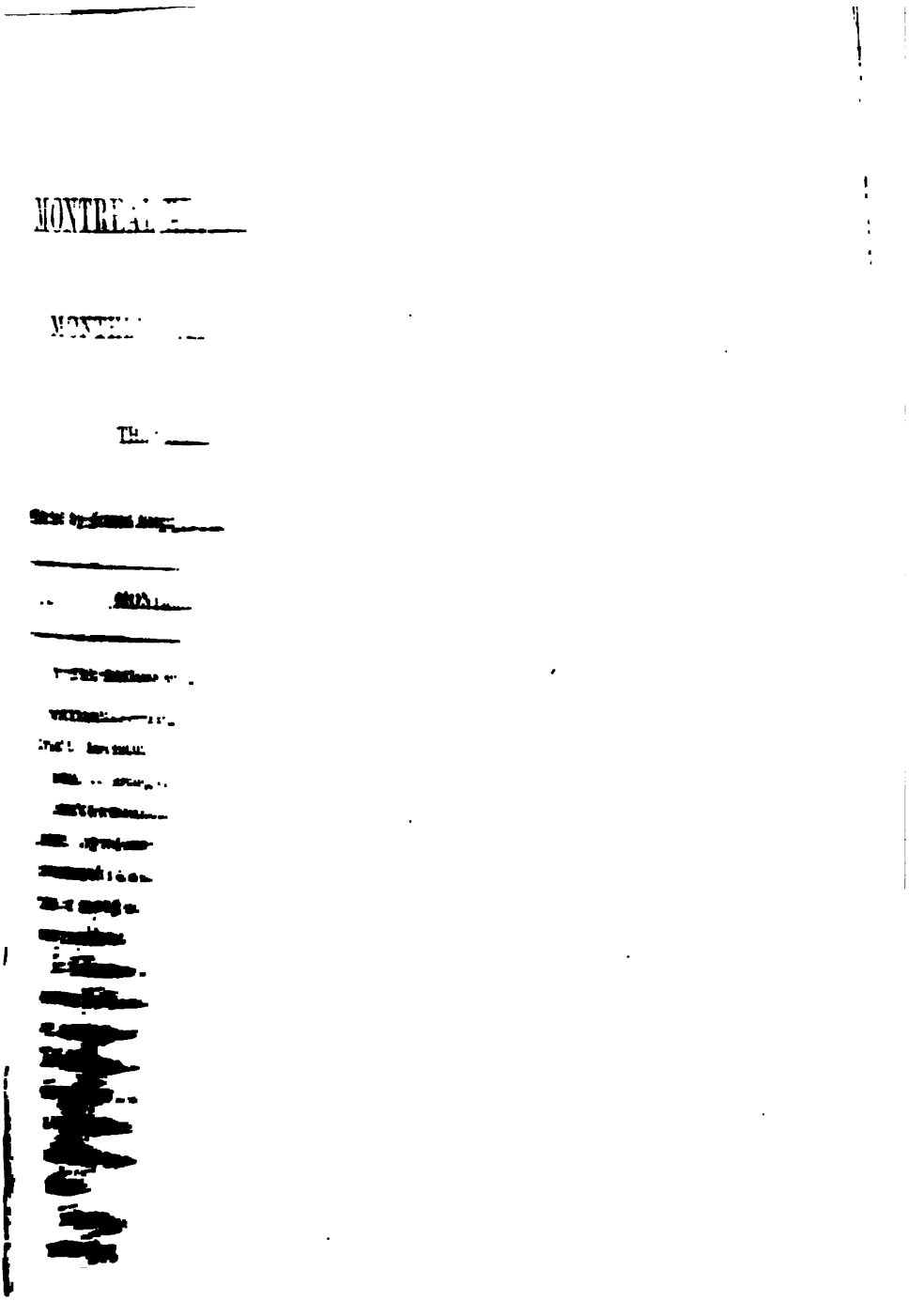
TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

GENTLEMEN,—I regret very much being compelled to notice Dr. Holmes' last lucubration. I shall do this, however, as succinctly as possible. Being charitably disposed, I shall pass over many of the doctor's erroneous assertions, nor shall I disturb his manifest sophisms; your readers will derive special little advantage from the protraction of a discussion, which, as treated by the doctor is destitute of any utility, nor does it even possess the poor quality of being capable to amuse.

Dr. Holmes admits rather unwittingly that "the question at issue between Dr. Nelson and himself was of very small dimensions;" yet, strange to say, these said "small dimensions," required at the Dr.'s hands, no less than twenty closely printed pages to sustain his position; so true is it, that a bad and tottering edifice requires a vast number of props, (Dr. H.'s "extracts,") which, while they add to its unseemliness, endanger the safety of those that shelter there.

It may peradventure be, that the doctor was actuated by another motive in this display of *his* erudition and ingenuity. He must needs ape Goldsmith's hero, and eclipse him too.*

* In arguing too, the parson owned his skill;
For e'en though vanquished, he could argue still;
While words of learned length and thund'ring sound,
Amazed the gazing rustics ranged around;
And still they gazed, and still the wonder grew,
That one small head could carry all he knew.



sult of "gravitation;" by the way, why did not this same gravitation appear on the opposite side and other parts? No, courteous reader, the whole of the vesications, the peeling off of the cuticle, the lividness and swollen state of this *identical* part, resulted more than 30 hours *after death*. Hence, according to Professor Holmes gangrene is not a vital process, not at all; mortification takes place after death!!! The doctor asserts that I attribute the gangrene to the collapse. This assertion is infinitely disingenuous. A certain other physician may confound *effect* with *cause*, and invert the accepted order of reasoning; but Dr. H. seems to possess unique powers of ratiocinatian; for the love of peace let him enjoy this peculiar privilege. Thus it came to pass, he was induced to peep into the man's stomach, and then had proof positive that he had been "addicted to liquor," and to maintain this *dictum* and as corroborative of the discovery, he brings in my friend, Dr. Sewell of Washington! The indignant friends refuted this outrage on the poor man's memory, and quickly and effectually made it public, and yet the doctor dare harp on the state of the stomach! He seems to be innocent of all knowledge of the "complications which so frequently attend on peritonitis in particular; nor is he more guilty with regard to the doctrine of Metastasis, and the natural mode of inflammation from a serous to a mucous surface. The doctor might find his difficulty about the state of the stomach solved by perusing some of the late French writers on Pathology, if they are worthy of his notice.

The doctor is doomed to be overturned by his own "war elephants;" the poor animal being straddled by one, "uninitiated," tumbles him into the mud, in return for a most "unscientific" application of the goad. The said elephant is personified in the extract from Mackintosh, of which I took so much, as went to prove that peritonitis has not been properly understood till recently; I did indeed mean it to have some application to Dr. H., yet he chuckles over this and accuses me of want of fairness forsooth. Now let us see how the Doctor himself fares on that very subject:—In the *very next* paragraph, Mackintosh makes the following remarks, which I quote as well for the Doctor's edification, as for his information, and which he could not afford to transcribe, as it would have overturned his airy visions: "The *absence of vascularity* is no proof of the non-existence of inflammation; Pathologists rather trust to the well-known *results* of that action, which have also been established

by experiment. Peritonitis was produced in dogs which were then killed, and the vascularity, if recent, disappeared in the act of dying." As the doctor has made a most vociferous flourish of trumpets, seated on another war elephant which he borrows from Craigie, (while he wisely leaves a brother in the den,) I shall once more prove that he has fallen in the plash himself has made: "When inflammation takes place in the peritoneum, it may, under the use of *energetic* measures, promptly employed, terminate, there is reason to believe, without giving rise to the effusion of albuminous exudation; there is no effusion of coagulable lymph, no adhesion takes place between the corresponding and applied parts of the peritoneum, the *overloaded vessels gradually* return to their usual capacity; the natural circulation and secretions are re-established, and the mutual movements of the intestines proceed as formerly. This is the only termination by resolution." This the Doctor will say is not pat to the purpose; certainly not to the doctor's, but to my position, which was and is, that effusion is the *result* of inflammation, if measures not sufficiently energetic are used Even with Dr. H.'s admission there was no lack of energy on my part, save the not applying a few leeches! What new adventures, as another Knight of the rueful countenance, the Doctor will hazard I know not, but if he is, as hitherto, deficient in prudence, he will not be more fortunate with his jaded rosinante.

The Doctor assures us with great gravity that he does not deal in opinions! It was propounding no opinion to state "had he seen C. with two such wounds, he would not have thought that he would have died." The Doctor's "subsequent reflection" was as sound as his "further information," which enabled him to come to the same conclusion as to the reason of the collapse:—"the unusual indulgence in spirituous liquors:"—"he is deprived of the stimulants to which he had been accustomed:"—"the large abstraction of blood:"—"the strong depletion" (of 43 oz.) No, no; he died of none of these, nor yet of the collapse resulting from the gangrene. All this had nothing at all to do in the matter, but as one near a-kin to the Doctor, with equal candour, honesty and charity, comes to the conclusion that "Champeau died of the Doctor;" certain goodly people watch with eagle eye one whom it is not intended to benefit, and cry out, "mad dog, mad dog." Let him have all the honor he can derive from such a shabby artifice.

I do not wish to wound any man's feelings, not even in return

for a pretty grave injury; but the following lines so aptly pourtray the Doctor's attitude that I must be allowed to transcribe and conclude with them:

"Like as a —— that turns the spit,
Bestirs himself and plies his feet,
To climb the wheel, but all in vain,
His own weight brings him down again,
And still he's in the self-same place,
Where at his setting out he was."

Yours, very respectfully,

WOLFRED NELSON.

APPRECIATION DE LA TAILLE "RECTO-VESICALE" ET DES TAILLES "LATERALISEE" ET BI-LATERALISEE."

(*Suite et fin.*)

TAILLE LATERALISEE.—" Bien qu'elle ait, jusqu'en ces derniers " temps, réuni la presqu'unanimité des suffrages, la taille latéra- " lisée fait naître cependant des chances de mort encore très mul- " tipliées: 1° elle expose à des hémorrhagies dangereuses..... " dont il est fréquemment difficile de découvrir la source, auxquelles " on ne peut opposer, dans un trop grand nombre de cas, ni la ligature " ni la torsion, ni la cautérisation, et que l'on ne peut combattre " qu'à l'aide de compressions, ordinairement incertaines, toujours " difficiles à supporter, et dont l'action irritante prépare des inflam- " mations graves dans les parties sur lesquelles on les exerce; 2° " cette méthode, en outre, expose..... à des déviations ou à des " infiltrations urineuses, et à des inflammations vives dans le tissu " cellulaire du bassin, surtout lorsque les incisions profondes ont " été portées au-delà des limites de la prostate; 3° la plaie qui " résulte de son exécution ne saurait livrer passage à des calculs " très considérables, ce qui nécessite, soit la pratique secondaire, " et alors toujours très dangereuse, de la taille hypogastrique, soit " l'application d'instrumens lithotriteurs ou de brise-pierres, dont " l'action, dans l'intérieur de la vessie, ne peut jamais être consi- " dérée comme entièrement innocente; 4° l'ouverture du rectum " assez facile dans ce procédé, peut entraîner des *fistules vésico-* " *intestinales*, difficiles à guérir, ou nécessiter une addition grave à " l'opération première, l'incision de la portion de l'anus placé en " avant de l'ouverture; 5° enfin, la taille latéralisée, à raison " des froissemens, des distensions, des dilacérations qu'éprouvent

" souvent le col de la vessie et la prostate, durant les manœuvres " nécessaires pour charger et extraire les calculs, est par fois suivi " du relâchement de ces parties, *d'incontinence d'urine*, ou de " *fistules urinaires périneales incurables*. L'expérience générale " semble démontrer, d'après les calculs les plus favorables, que la " proportion des morts est à celle des sujets qui survivent comme " un est à cinq. Des praticiens recommandables ne l'élèvent même " qu'à un sur quatre. Si, dans l'enfance, cette proportion des in- " succès est beaucoup moins grande, par compensation, dans un âge " avancé, elle est telle qu'un malade sur trois et même sur deux suc- " combe à la suite de l'opération."*

TAILLE BI-LATERALISEE.—" Comparée aux autres procédés, " qui se rattachent à la méthode périnéale, la taille bi-latéralisée " présente, comme compensation aux inconvéniens résultant de " l'incision du col de la vessie, et aux froissemens exercés sur lui, " les avantages suivans : 1 ° l'incision pratiquée sur la partie la " plus large de détroit périnéal peut suffire, à raison de la mobilité " de sa lèvre anale, à l'extraction des plus gros calculs que cette " région puisse laisser passer ; 3 ° elle donne plus qu'aucune des " incisions dirigées d'un seul côté, le moyen de faire au col de la " vessie et à la prostate une ouverture très étendue, sans atteindre " aux limites où elle pourrait être dangereuse : une incision de " dix-huit lignes, ne s'écartant de la ligne médiane que de neuf " lignes de chaque côté, restera nécessairement en-deça des prin- " cipaux vaisseaux, et surtout de la circonférence de la prostate ; " 4 ° elle ménage plus sûrement que la taille latéralisée, ou que " la taille médiane, les vaisseaux éjaculateurs, dont la lésion, sans " être aussi féconde en inconvéniens que l'a prétendu Scarpa, ne " doit cependant pas être considérée comme indifférente ; 5 ° en- " fin, le rectum, protégé par la lèvre inférieure de l'ouverture faite " au col de la vessie, et en rapport avec l'une des cuillers des te- " nettes, ne peut être ici dénudé ou déchiré lors de l'extraction des " plus gros calculs."

METHODE RECTO-VESICALE.—" La méthode recto-vésicale a " pour incontestables avantages ; 1 ° de n'intéresser que des par- " ties membraneuses, minces et très extensibles ; 2 ° de faire arri- " ver à la vessie par une voie très directe, et par le point qui cor- " respond au plus grand écartement des os du bassin ; 3 ° de n'ex- " poser ni à l'hémorrhagie, ni à la contusion des parois de la plaie,

* Nouveaux Elémens de Chirurgie, tome 1. p. 686 et 687.

" ni aux infiltrations de l'urine, qui s'écoule immédiatement au " dehors, à raison de la situation déclive de l'ouverture vésicale. " Mais cette méthode expose manifestement plus que les autres à " des fistules uréthro ou vésico-rectales, que l'on parvient quelque- " fois à guérir par un traitement convenable, et surtout par la cau- " térisation, mais qui, chez un certain nombre de sujets, persiste " durant toute la vie.

" . . . . Les fistules, à la suite de l'incision de l'urèthre et du " col, sont plus superficielles, plus petites, moins incommodes, et " plus faciles à guérir que celles qui correspondent au bas-fond de la " vessie. Il semblerait même, si l'on en croit quelques personnes, " qu'en prenant la précaution de borner l'incision du rectum à six " lignes au-delà de l'anus, les fistules ne soient presque plus à " craindre."*

L'auteur, après avoir passé en revue les différentes méthodes et procédés divers employés jusqu'à présent dans l'opération de la taille, termine par le court résumé suivant.

On peut résumer ainsi les discussions précédentes : dans l'état " actuel de la science, la méthode hypogastrique est encore excep- " tionnelle ; la taille latéralisée, le maintient dans la pratique " *par l'autorité des maîtres* qui l'ont pratiquée jusqu'ici ; mais la " taille bi-latéralisée semble lui être préférable. Celle-ci n'expo- " sant pas aux fistules urinaires, sera surtout pratiquée chez les jeunes " sujets et les enfans, qui guérissent presque tous, quelque soit la " méthode employée ; tandis que, chez les adultes, la taille recto- " vésicale, qui remplace des chances de mort par des risques de " fistules, plus ou moins incommodes, pourra lui être substituée, " avec d'autant plus d'avantages, que les sujets seront plus âgés, et " par conséquent menacés de dangers plus grands pour leur vie.†

Je ne crois pas qu'il soit nécessaire d'ajouter aucun commentaire à un texte aussi précis. Les rapprochemens que fait l'auteur sont si clairs et si évidens qu'ils doivent frapper quiconque voudra s'y arrêter un moment. Ce n'est pas ici une imagination bouillante qui se laisse entraîner à de vaines théories par un enthousiasme momentané, c'est un esprit aplomb qui pèse les faits et leur valeur réelle dans la balance équitable d'une science profonde et d'une expérience consommée.

Au surplus, la taille recto-vésicale compte pour partisans déclarés

* Ibid. p. 690 et 691.
† Ibid. p. 692.

en France : Samson, qui en est l'inventeur, Dupuytren, Williaume, Cazenave, Dumont, Urbain, Bégin, Janson, Péserat, Castara, Taxil, &c. ; en Italie : Vacca, Guiseppe, Barbantini, Lancisi, Guidetti, Farnèse, Giorgi, Cittadini, Mori, Cavarra, Castaldi, Regnoli, Bandiera ; en Allemagne : Sleigh, Clot, Wenzel, &c. ; sans compter un grand nombre d'autres moins renommés qui l'ont tentée et en ont reconnu l'avantage. Ces noms célèbres doivent suffire pour prouver que cette méthode n'appartient pas seulement aux charlatans et aux empiriques, comme ôse l'avancer un auteur anglais, mais qu'elle est digne au moins de considération et peut soutenir un parallèle honorable avec les autres méthodes. Les succès dont elle est couronnée chaque jour, font augurer pour elle un avenir brillant et le concours des illustrations chirurgicales.

MANIERE D'OPERER POUR LA TAILLE RECTO-VESICALE.

J'avais l'intention de terminer ici mon petit ouvrage, mais des amis, à qui j'ai cru devoir le soumettre, avant de le livrer à la publicité, m'ont engagé d'y ajouter, pour complément, les procédés opératoires de la taille recto-vésicale ; afin que les personnes qui n'auraient pas entre les mains les auteurs qui se sont donné la peine d'en fournir les détails, puissent trouver dans cette esquisse de quoi satisfaire leur curiosité, ou être à portée de pratiquer l'opération elle-même, si elles se rendaient à l'évidence des faits et des raisonnemens.

Ce qui a donné à M. Sanson l'idé d'extraire les calculs vésicaux par le rectum, ce sont les observations fréquentes faites à l'Hôtel-Dieu de Paris par Desault, de fistules vésico-intestinales guéries en incisant le sphinxter de l'anus, de manière à en faire une plaie recto-périnéale. Frère Côme guérit un malade de la même fistule qui avait été formée et entretenue par la présence d'un calcul, lequel fut extrait par le rectum. On trouve dans un ouvrage de Végétius, publié au commencement du 18ème siècle, le texte suivant : ***jubet per vulnus recti intestini et vesicæ aculeo lapidem ejicere.*** D'ailleurs, cette coutume règne en Egypte depuis un temps immémorial.*

Voici, au reste, comment, en résumant ce qu'il peut y avoir de plus avantageux dans les divers procédés de Vacca et Barbantini, de Guidetti et Geri, et dans celui de Dupuytren, peut se pratiquer cette opération.

Le malade étant placé comme pour les autres tailles périnéales,

* Voyez : Vepeau, Nouveaux Elémens de Médecine Opératoire, tome 3, p. 782.

on injecte d'abord légèrement la vessie, si préalablement il a été impossible au malade de retenir ses eaux. On introduit ensuite dans la vessie une sonde canelée, dont la courbure représente celle du cathéter ordinaire, que l'on confie à un aide, chargé aussi de relever et soutenir le scrotum. Un autre aide aura pour emploi la distension des tégumens. Alors le chirurgien, ayant placé à plat la lame d'un bistouri long et étroit sur la face palmaire de l'indicateur gauche, le tranchant du côté radial, introduit ce droit dans le rectum jusqu'à environ quatre ou cinq lignes au-delà du rebord de l'anus, la face dorsale de la main regardant en bas ; puis lui faisant faire un mouvement d'un quart de cercle, le tranchant de l'instrument sera dirigé en haut, de manière à tenir la ligne médiane. Alors, tenant de la main droite, en seconde position, le manche du bistouri en il tranche d'arrière en avant, en appuyant vers la bulle de l'urèthre : ayant incisé environ trois quarts de pouce, il élève un peu le manche du bistouri, et termine l'incision du raphé à environ deux pouces de l'anus. L'indicateur, resté dans la plaie, cherche au fond à reconnaître la situation du bulbe de l'urèthre, sa portion membraneuse, et la pointe de la prostate. Ces choses étant déterminées, le chirurgien fixe l'ongle du doigt dans la rainure de la sonde, dans la partie membraneuse de l'urèthre, et le bord cubital de la main regardant la symphise pubienne. Il glisse alors le même bistouri sur le dos de l'indicateur, le tranchant tourné vers l'anus, et perce la membrane de l'urèthre : à ce moment, c'est-à-dire, lorsqu'on entend le grincement métallique qui indique le contact des deux instrumens, l'aide qui maintient la sonde en élève la plaque vers l'abdomen, ce qui fait sailler les parties à diviser, et le chirurgien glisse le bistouri jusque dans la vessie ; l'issue de l'urine ou de la matière injectée lui indique qu'il est parvenu dans cet organe. Alors abandonnant la rainure de la sonde, il retire l'instrument en relenant le manche du bistouri, de manière à diviser d'avant en arrière et de haut en bas, une portion du col de la vessie, une grande partie de la prostate, mais en fesant attention de ne point toucher de nouveau au rectum. Ces deux incisions étant terminées, on retire la sonde cannelée, et on termine l'opération par l'exploration de la vessie et l'extraction des calculs, comme dans les autres procédés.

Tel est cette opération simple et facile dans son exécution, heureuse, on peut dire, dans ses conséquences, que l'on s'est plu, sans la bien connaître, à déprécier et à blâmer. Je me flatte qu'en

l'étudiant attentivement et sans préjugé, on se convaincra de son utilité et des grands avantages que l'on en peut retirer. Quand à la fistule qu'on lui a tant et seul reprochée, elle n'est presque pas à redouter, d'après le procédé que je viens de décrire, ou la muqueuse intestinale et le bas-fond de la vessie ne sont presque pas intéressés.

OBSERVATION.

Joseph St. Jean dit Laperche, d'une organisation faible et cachectique, élevé et ayant toujours vécu dans l'indigence, âgé maintenant de quarante ans, fut atteint dès l'âge de douze ans de douleurs dans la verge et de difficultés d'uriner, mais aucun symptôme ne se déclara jamais, ni à la région de la vessie, ni dans la direction des urétères, ni dans les reins. Un grand nombre de médecins, tant de la ville que des campagnes, furent consultés successivement, et presque tous se trompèrent sur la cause du mal ; les uns l'attribuant à un rétrécissement de l'urèthre, les autres à un ulcère de la muqueuse de cet organe, d'autre enfin, au nombre desquels je dois me compter, à une affection spasmodique des branches du nerf honteux : un médecin le traita, sans succès comme tous les autres, pour une affection syphillitique. Le Dr. Robitaille, de St. Roch de l'Achigan, est le seul, jusqu'à ces derniers temps, qui ne se soit pas trompé sur la maladie, car l'ayant sondé il y a huit ou neuf ans, il l'assura qu'il avait une pierre dans la vessie ; mais le patient me dit qu'il refusa de l'opérer, je ne sais pour quelle raison.

Vers la fin de juin dernier, le Dr. Regnault et moi, nous étions chez Mr. Joseph Renault (le malade opéré dont il est parlé plus haut), lorsque St. Jean vint consulter le Dr. R. sur sa maladie. Celui-ci décida qu'il fallait explorer la vessie, ce à quoi nous procédâmes de suite, et il nous fut facile de constater l'existence d'au moins un calcul. Quelques temps après, le malade étant déterminé à subir l'opération, me demanda si je voulais la lui pratiquer ; ce que j'acceptai volontiers.

Vu qu'il était dans un degré de faiblesse et d'atonie considérable, par suite de ses longues et cruelles douleurs, et d'une rare et mauvaise nourriture surtout depuis ces quatre dernières années, je crus devoir le préparer pendant cinq semaines par une diète généreuse, de bons soins et plusieurs purgations. Enfin le quatre septembre dernier, le trouvant suffisamment préparé, en présence du Dr. Jamieson, qui eut l'obligeance de m'assister, de deux de ses frères, dont l'un étudiant en médecine, de L. C. Beaumont, Ecr. de La

chenaie et de mes deux élèves, je procédai à l'opération, en la manière décrite ci-dessus.

Lors de l'extraction des calculs, en ayant saisi un qui, par l'écartement des tenettes, nous parut de la dimension d'au moins un gros œuf de poule, je reconnus la plaie insuffisante pour son passage. Je craignis, en agrandissant la plaie, de blesser peut-être le repli du péritoine, et je me déterminai à le rompre auparavant, s'il était possible ; ce à quoi je réussis complètement, au moyen d'une forte pression entre les mâchoires des tenettes et j'en retirai tous les fragmens, aussi bien qu'un autre calcul de forme sphérique, d'environ quinze lignes de diamêtre. On me blâmera peut-être d'avoir brisé le calcul, au lieu de l'avoir extrait dans son entier, mais enfin, j'ai fait pour le mieux, et nul accident fâcheux n'en est arrivé.

Le rétablissement s'est fait avec le plus grand calme ; aucun symptôme inflammatoire de la vessie des intestins ou de l'urèthre n'est survenu, sinon un assez léger gonflement du testicule droit qui est maintenant dissipé. L'urine commença la sixième journée à passer en partie par le canal, et maintenant j'ai le plaisir de voir que la cicatrisation de la plaie est complète, et que toutes choses sont dans l'ordre normal.

Il y a quelques jours qu'un gravier, passé sans doute inapperçu, lors de l'opération, se montra dans le canal urinaire : je le tirai de suite au-dehors, et je reconnus qu'il était de la grosseur d'une cerise allongée et un peu applatie. Cette circonstance lui avait fait éprouver de légères douleurs analogues à celles précédentes à l'opération, mais maintenant il est dans l'état le plus satisfaisant. Son appétit est excellent, les forces reviennent, il repose bien toute la nuit, toutes les fonctions se font suivant l'ordre naturel, et il va bientôt être en état de reprendre ses occupations que ses douleurs aigües l'avaient depuis longtemps contraint d'abandonner.

CONCLUSION.

Plusieurs personnes trouveront peut-être trop de longueur à cet écrit, mais j'ai cru que l'importance du sujet méritait d'appuyer quelques temps sur la question. Le lecteur attentif remarquera que je n'ai fait, pour l'abbréviation, qu'énoncer des propositions susceptibles, de beaucoup de développemens et qui peuvent devenir le sujet d'amples méditations, que chacun pourra faire en son particulier. Si quelqu'un peut trouver mon article sans intérêt, cela dépendra sans doute du style et de la manière sèche et monotone dont

aura été traité le sujet. Il n'en est pas de la chirurgie comme de la littérature : dans celle-ci, quelqu'intérêt que puisse avoir le fond, vous vous attachez surtout à la manière pleine de feu et de grâces avec laquelle sont énoncées les choses, tandis que dans une autre science, le fond lui-même fait tout le mérite. Si les beautés du style peuvent s'y rencontrer, elles pourront être un appas pour les esprits paresseux et superficiels qui font moins de cas d'un bon principe que d'une phrase élégante. Ce n'est pas pour ces derniers que j'ai écrit : mon ambition n'est que de fixer l'attention des hommes sérieux et réfléchis sur une question nouvelle pour ce pays, et tâcher d'être par là utile à mes compatriotes, en mettant mon obole dans les trésors de la science.

Quand à la question elle-même, je crois l'avoir envisagée sous toutes ses faces, n'en avoir pas évité les difficultés et l'avoir traitée avec franchise et désintéressement. J'ôse me flatter que si quelqu'un de mes confrères se donne la peine de faire la critique de mon article, il voudra bien le faire avec le même sang froid, et se dépouiller de cette espèce d'animosité que l'on rencontre malheureusement dans les discussions les plus philosophiques.

Je termine, en sollicitant l'indulgence de mes lecteurs pour la faiblesse de cette composition, et en les priant de ne s'arrêter qu'à la valeur des principes qui y sont énoncés. Je ne me flatte pas non plus de n'avoir commis aucune erreur, puisqu'on en trouve dans les ouvrages mêmes des plus grands maîtres, dont je suis loin d'avoir les talens et les connaissances.

F. MESNARD.

Nous recommendons à nos confrères canadiens l'article du Dr. Mesnard: elle est digne d'appréciation, et le Dr. bienvenue n'a aucune raison d'en faire excuse; nous serons gré de recevoir autres communications possedant le mérite de cet "obole."—RÉDACTEURS DE GAZ. MED.

SOCIETY FOR THE RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN IN LONDON AND ITS VICINITY. INSTITUTED IN THE YEAR 1788.

More than half a century has now elapsed since the Society for the Relief of Widows and Orphans of Medical Men in London and its Vicinity was established by the benevolent exertions of a few members of the medical profession.*

* The original founders of the Society were:—Dr. John Squire, Dr. Andrew Douglas, Dr. Thomas Denman, Dr. John Sims, Dr. Richard Dennison, Mr. William Chamberlain, Surgeon, and Mr. Thomas Rendall, Apothecary.

Commencing with a very limited number of subscribers, and consequently with a very slender income, it has gradually assumed such an importance, and attained to such a degree of prosperity, as place it upon a level with some of the most influential charities of the metropolis; the funded property of the Society, amounting now to nearly forty-five thousand pounds, enables the Directors to distribute with the aid of annual subscriptions, above fifteen hundred pounds per annum among the widows and orphans of its deceased members.

The degree of relief afforded by the Society to its pensioners has, of course, varied with its means; the present allowance is £35 a year to a widow, provided her income from other sources does not exceed £50 per annum; to each of her children under fourteen years of age, £12 yearly is allowed—and, under some circumstances, an apprentice fee is usually granted upon application.*

Abstract of the Receipts and Expenditure for the Year 1839.

RECEIPTS.

Annual Subscriptions, Arrears, Fines, &c.	402	3	0
Donations and Benefactions	365	6	0
Dividends	1,049	18	5
	£1,817	7	5

EXPENDITURE.

To Widows and Orphans	1,394	5	0
Salaries, Commissions, and other expences	112	6	3
Bills	52	0	10
Mr. Sturt, Stockbroker for Powers of Attorney, &c.	18	17	6
	£1,577	9	7
Funded this year	£341	3	9

There are now receiving Half-yearly assistance from the Funds, Widows,	31
Orphans under fourteen years of age	15
Adult Children of deceased Members, who are incapable,	5
Aged and distressed Member	1
Total	52

This Society was instituted in the year 1788. The capital Stock is now £34,213 2s. 8d. in 3 per cent. consol annuities, and £210 in new 3½ per cents., in the names of the Trustees; and £7,355 18s. 5d. in the names of other Trustees, for the purpose of accumulation. The

* Taken from the preface of the Society's Report, published in 1840.—Ed.M.M.G.

sum of £26,066 5s. has been distributed among persons eligible to receive assistance. Upwards of £1,500 per annum is distributed among the Widows and Orphans of deceased Members.

The Society contains—

Life Members - - -	187
Annual Subscribers -	135
Total - - -	322

TO THE EDITORS OF THE MONRREAL MEDICAL GAZETTE.

GENTLEMEN,—Since I communicated my ideas to you, on the subject of the application of the *tincture of iodine* in small pox, I have not had many opportunities of further testing its efficacy, as (fortunately for the community) the disease has not been prevalent in this city. The occasions, however, that I have employed it in, have been attended with very satisfactory results. I am now desirous of knowing the opinion of such members of the faculty, as have given a *fair trial* to the application, and for this object I have to request insertion of this invitation, to those who may have made trial of the application. The favorable opinions I have heard expressed by several of my professional confreres, strongly support the belief I have already advanced, that this remedy possesses *cosmetic* (if not prophylactic) powers superior to any other application with which I am acquainted, in addition to which it has the advantage of more easy application,—and I trust I do not over estimate its value, when I add further, that it has also antiphlogistic powers, which promise to obtain for it a more than ephemeral favour.

During the course of the last month I treated a severe case of confluent small pox, which assumed a malignant or hæmorrhagic character, before its termination, notwithstanding the unfavourable nature of the case, for testing the application, I had the satisfaction of witnessing the most decided good effects from it, in controlling the inflammatory action in the parts to which it was applied: the face, eye lids, and forearm, remaining throughout free from tumefaction; the patient had neither delirium nor salivation, and the parts *painted* were comparatively comfortable. On the 8th day, while everything seemed favorable, the pustules assumed a hæmorrhagic appearance, which continued to increase till the 12th day of the eruption, when he died, having preserved his intellect to the last. The post mortem inspection showed that the inflammatory action had not involved the deeper seated structures, and in all probability there would not have been any scars or pits, had the patient survived.

Several medical gentlemen visited the case, and expressed their con-

viction of the beneficial effects of the application. I now invite the test of further experience, which can only be obtained by others trying *fairly* the application, and candidly giving us the results of their trials.

I would again beg to notice, the necessity there is, of applying the tincture *in the very earliest stages of the eruption*, if the full benefit is to be expected from it; when late applied, it does not stop the puffing of the face, nor control the inflammatory action, as it does when used early.

I am, Gentlemen,
Your obedient servant,
J. CRAWFORD, M.D.

St. James's Place, 25th, 1844.

ANNIVERSARY MEETING OF THE MEDICAL MEN OF NEW YORK, FOR THE RELIEF OF WIDOWS AND ORPHANS OF DECEASED PHYSICIANS.

21ST NOVR. 1843.

The dinner being discussed, and the health of the President of the United States having been drank; Dr. Delafield rose and said:

In proposing a toast, gentlemen, I can congratulate you on the prospect of usefulness opened before us. This is the first anniversary of our Society under its present organization, and already it numbers about 60 members of the first professional men of our city. I hope to see, too, its numbers increased yet more, so as to embrace, finally, all the professional men of this metropolis. We have, too, thriven in other respects, and now our funds, which originally were but small, and altogether inadequate to our wants, amount to $2,500: and we have yet, I assure you, every reason to hope that, small as this is, it will yet be very serviceable to those on whom it is intended to be bestowed, and must now be looked upon as an earnest of still greater prosperity. As our Society grows, its funds will increase, and in future days will possess the means of ministering to the wants of all of the objects for whom it is intended—I mean for the widows and orphans of members of our profession. None of us can tell but that those whom we leave behind us may be glad to receive the provision which the Society provides for them. You know most of our profession with difficulty support themselves; that the number of those who have done more than this is but limited, compared with the numbers of our profession. We, then, who are in apparent prosperity, cannot tell but that our own orphans may be dependent upon this support. Even among those who have been able to accumulate a support, after a change of circumstances, (particularly in this city) the vicissitudes of a minute

have been able to prostrate the prosperity of years. I have known an old man of 70, who by long saving had been able to accumulate a support for his old age: I have known him deprived of the fruits of his labours, and, old and bent down, have seen him recommence the practice which he had almost entirely laid aside.

I have seen the man of middle age die and leave the field, when he was earning fame and fortune.

Instances of this description are frequent in a profession like ours, and I have lived in this city long enough to have witnessed many such transitions.

The only wonder is, not how a Society should exist, but that it should have been delayed so long, but I am satisfied that every thing in your power will be done, and that it only remains for you to strive to add to its members, and thereby to increase the funds.

The manner in which our Society has moved in this object, is peculiarly favourable for action, for though I have lived in this city for thirty years, I have never seen it so much at harmony with itself. If there be any ill-feeling in the profession, I am unaware of it, and this state of harmony exists though we have two rival Colleges, in the full tide of success, and though many of us can remember the day when the profession was rent entirely with disputes.

Now, the very opposite of this exists, and the utmost harmony and union exist among us. If there be strife, I am unaware of it. True, there is professional emulation, but no undue jealousy.

I will conclude, gentlemen, with drinking 'Success to our Society.'

This toast was received with the greatest applause, after which

"Union: the only Party among medical men; the cordial union of all honourable members of the profession," was the next toast given, and it was honoured with great enthusiasm.

The Vice President, Dr. Mott, made some remarks upon this toast It appeared to him, that in order that the Society may prosper, every thing like sectional or partizan feeling should be discarded. He knew there were many who thought otherwise; but, for himself, he was determined not to espouse any party, but to go on without quarrelling with his brethren. He believed if all those present adopted the same resolution, and so acted, it would prove one of the most valuable and permanent and united Societies in the country. And he begged all his brethren to discard all prejudices, and to unite in that closest of all bonds,—that of *Charity*. [Applause.]

"Medical Education, sound and thorough, the best safeguard against Quackery" was then drank, on the proposition of the chair. After which the President gave the following toast—

"The Medical Colleges in this city." [Three cheers.]

Dr. Mott thought he could state for the information of the Society, that, the more colleges there were in the city, the better. There were already two; and there was room for another, and another and another.—There were heads, hearts and hands enough to sustain not only two, but three, four or five: the more the better. (Cheers.)

After a number of other toasts had been responded to, the Society separated highly pleased with their dinner, but what was much more important, with each other.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

MEDICAL ASSOCIATION.

At a meeting of the Licensed Medical Practitioners, of the Districts of Dalhousie and Bathurst, Canada West, and of Sydenham, Canada East, held at Bytown, Dec. 14, 1844. It was resolved—That the following suggestions (arising out of the Editorial notice contained in the last number of the Montreal Medical Gazette) should be respectfully submitted to the Editors of that Journal.

First—That this meeting does approve of the objects of the Association, more particularly of the enlarged and extended view taken of it by the Editors of the Montreal Medical Gazette. Carried.

Second—That at the meetings of the Association, papers on Medicine and the collateral sciences be submitted; the authors' name to be withheld and substituted by a motto. That these papers be subsequently submitted to a Committee, and if approved of, that they be published in the form of Transactions with the author's names; and the proceeds (if any) go towards the general fund. Carried.

Third—That the members of the Medical Profession, like those of *other learned bodies*, should be distinguished during the Session of the Association, and on all public occasions, by some characteristic dress. Carried.

On behalf of the meeting,

EDWARD V. CORTLANDT,

Surgeon,

Bytown, Dec, 16, 1844.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

GENTLEMEN,—In the 7th number of the *Montreal Medical Gazette*, I perceive a notice to students, that you are disposed to give a standard work and a complete copy of your valuable journal for a series of Clinical Reports.

I beg, therefore, to submit the enclosed case to you; should you think favourably of this my first attempt, I will feel encouraged to trouble you with another.

I have the honour to be, yours very respectfully,

J. J. N.

G. Waters, a seaman, aged 16, was admitted into the Marine Hospital June 29, 1844. He stated that thirty-eight days previously he had fallen from the rigging, and broken his shoulder. On examination, the left humerus was discovered to be fractured a little below its neck. The lower portion protruded about two inches through the integument, in front of the middle of the clavicle. The upper portion of the fractured bone was thrust backward. The whole of the integument and anterior deltoid were interposed between the fractured ends of the bone. The arm was much shortened: the muscles had accommodated themselves to this shortening, and the adhesions were so firm that it was found impracticable to reduce the fracture. While at sea, escharotics had been freely applied to the projecting bone, which was carious. It was considered that, even if the projecting portion were removed, the interposed soft parts would prevent the fractured ends being placed in apposition.

Under these circumstances, it was deemed necessary to remove both ends of the bone, to bring them in contact. On the 2d of July the following operation was performed, being the third day after his admission.

An incision was made from where the bone transfixed the integument; this incision was continued to the insertion of the deltoid. Another incision, commencing at the posterior border of the deltoid, was brought down till it joined the first one. The flap thus formed was dissected up, exposing completely the fracture and the shoulder joint. Two arteries requiring ligature were tied. The lower portion of bone was then sawn off about half an inch below where it had protruded. The upper portion was very short, and deeply imbedded in the soft parts. A projecting and oblique portion, about an inch in length, was removed by means of cutting forceps—parallel to the insertion of the capsule.

The ends of the bone were then easily brought together. The flap was laid down, and secured by three or four stitches, and covered by a pledget of lint wetted with cold water. The arm was

supported in a sling, and the ends of the bone were kept in contact by a broad elastic belt, which passed under the opposite arm and terminated over the wound like an epaulette. To this were attached bandages, which passed under the elbow. The patient was kept in bed on milk diet.

Very little constitutional disturbance followed the operation. The following day the stitches were removed, and a light compress was placed under the bands which supported the elbow.

July 11.—The wound looked well, and union of the integument had taken place generally. The fingers, hand, and arm were enveloped in a cotton bandage, saturated with white of egg, making moderate pressure. Thin splints of whalebone were applied round the upper arm and included in the bandage. Openings were made through the bandage over the course of the wound, for the escape of the discharges.

August 9.—The bandages, &c. were removed; no sign of bony union; wound looked well; granulations healthy, and edges contracting: the bandages, splints, and supports were applied as before.

14th.—For some days has suffered from rigors, fever, headache, and gastric derangement; erysipelas appeared over the left scapula. An incision was made over its inferior angle, and a quantity of ill formed pus discharged. Pain in the arm occasioned the removal of the bandages, when a collection of matter was found over the outer condyle and evacuated. The bandages were re-applied, an aperture being left over the opening. From this time the patient did well, the discharges gradually diminished, he gained strength, and was able to walk about the grounds. Complained of occasional pains in the arm, but not enough to warrant the removal of the bandages.

September 14.—Bandages were removed, and the ends of bone were found consolidated. Simple dressing was applied to the wound, which was almost cicatrized. Starch bandage was discontinued, and a common flannel roller substituted.

October 19.—Was discharged. Motions of the elbow perfectly free; those of the shoulder still very imperfect, but rapidly improving. He could raise the arm to an angle of about 45.

What gives this case some degree of interest, is the fact, that in operations for injuries from gunshot, &c., the head of the bone may be left, though cut off from all vascular communication, excepting through the capsular ligament. In this case, doubts were expressed both before and after the operation, whether the head of the

bone, being so completely isolated as it was, could perform its share in the process of union.

A Pupil of the Marine Hospital.

Quebec, November 18, 1844.

THE MONTREAL MEDICAL GAZETTE.

Omnes artes, quæ ad humanitatem pertinent, habent quoddam commune vinculum, et quasi cognatione quadam inter se continentur.—*Cicero.*

MONTREAL, JANUARY 1, 1845.

In the last number of the Medical Gazette, we presented our readers with an abstract of Sir James Graham's Medical Reform Bill for Great Britain and Ireland, as submitted by him to the Imperial Parliament in August last. Few measures perhaps have been laid upon the table of that influential body, which have produced more excitement or called forth a greater variety of opinions, with regard to their provisions or the alterations contemplated by them than the Bill of the Right Honorable Home Secretary. Public benefit, corporate privileges and individual interests have all been enlisted by the supporters and opposers of that scheme, as circumstances, either of a public or private nature, seemed to influence one or other party. Scarcely a professional periodical has issued from the press since that period, and very few of the ephemeral journals, which have not contained arguments either strongly in favor of its adoption on the one hand, or the most unmeasured vituperations against "so injust, illiberal and levelling a scheme," on the other. If there be any one section of the learned professions in the United Kingdom, which more than another called loudly for and seemed bent on possessing reform, they most assuredly did the medical profession constitute that section. That the privileges enjoyed by the Medical Corporations in London have long pressed heavily upon the members of those of the sister divisions of the Empire, was a matter frankly admitted by many of the members themselves of those very Corporations, and although praiseworthy attempts to modify and alleviate those hardships have been repeatedly made by the junior members, there did still exist among the seniors such an invincible stickling for

ancient right, and such a fixed determination to maintain the principle of exclusiveness in the bodies, that all these attempts proved abortive, until it was made manifest to them, that if they could not or would not reform the institution, over which themselves presided, it would be done for them.

The admission to the Fellowship of the Royal College of Physicians and to the Council of the Royal College of Surgeons of London (being limited almost to individuals of certain Universities, we had almost said of certain schools,) formed a great and just ground of complaint against these two bodies. What followed? By agitation, pressure from without, and a due appreciation of the force of expediency, the Councils of these two bodies were at length awakened from their reverie; a certain amount of concession was then first extorted from the Royal College of Physicians, the Council of whlch consented to admit into their fellowship certain Physicians who had not taken their degrees at the Universities of Oxford or Cambridge. By the new charter of the Royal College of Surgeons, (dated September 1843) a great change has been wrought in the constituency of their Council, for although the present members of it be appointed for life, on the occurrence of vacancies, these will be filled up by the votes of the three hundred members of the profession required by the provions of that charter, to constitute the elective body.

Another great evil to be remedied was the want of uniformity of qualification among the members of the same grade, rendering it necessary for the graduate or licentiate of one college to undergo a second examination to enable him to practise as such in any other portion of the kingdom except that in which he obtained his degree or licence. The Bill of Sir James Graham at once obviates this difficulty, for on presentation of his honorary degree and letters testimonial from one college, a Physician, Surgeon or Licentiate of Medicine and Surgery may at once practice in that department in any part of the kingdom, without let or hindrance.

The appointment of a general Council of Health and Medical Education too we regard as one of the most vitally important provisions of the Bill; exercising control, as this Council will, over all the colleges of the Empire, they will have the power of regulating the curricula of all these Institutions, and of so assimilating them, as to remove the in-

vidious distinctions so often cast upon the holders of degrees obtained at *certain* Universities.

Thoroughly acquainted with the feelings of the profession generally in Great Britain, we are not at all surprised at the opposition which has been brought to bear against the Bill from certain quarters; nevertheless, we cannot but agree in opinion with the members of one of the Branch Provincial Associations, who, at a meeting lately held to take it into consideration, declared that it was as good a bill as could be adopted, seing that the interests involved in its provisions were so many and so various.

We believe we may state on authority, that it is the intention of the Attorney General for Canada East, to introduce during the present Session a Medical Bill, for the regulation of the study and practice of the Profession in this Province. Pledged as the members of the Administration are, to carry out the liberal policy of the noble minded and generous hearted individual at the head of the Government, and, pledged by the often expressed and now recorded promises of many of them to countenance and support liberal institutions, to extend the means of education, and thereby encourage all that shall tend to the prosperity and advantage of the community at large; we entertain not the slightest doubt, but that the contemplated measure will be one calculated to afford satisfaction to all classes and denominations of Her Majesty's lieges in this Province, connected either directly or indirectly with our Profession. Its members too are now beginning to constitute a very large and influential party in this Province, (if we may judge from the number who have been returned as Members of Parliament,) and entertaining the idea, that many months will not pass over our heads, before a Medical Association will be formed for linking together men engaged in the same pursuits, stimulated by the same objects, and above all, desiring to feel themselves possessed of that rank among the learned professions, to which their studies have entitled them, we rejoice in the thought that this is to be a Government measure. With the Medical Reform Bill of Sir J. Graham staring them in the face, we cannot for a moment conceive, that the present administration will sanction the maintenance, or countenance the possession of exclusive privileges by any body of men in United Canada, and more especially,

when the possession of these very exclusive privileges tends to retard the progress of science. Immediately on the appearance of the proposed Medical Bill we will furnish our subscribers with a copy of it, even although it impose upon us the necessity of issuing an Extra.

In our present number will be found some particulars, financial as well as historical, of the "Society for the Relief of the Widows and Orphans of Medical men in London and its Vicinity," and we are delighted to give honour to whom honour is due, by transcribing from one of the leading New York Journals a part of the proceedings of a Society lately established in that City for the same purpose. The occasion was the dinner on the anniversary meeting of the Society's establishment, at which Dr. Delafield presided and Dr. Mott was Vice President, surrounded by about 60 members. The perusal of the remarks made by the above amiable and talented men entirely bear us out in our opinion, that associations of the members of our Profession, cannot but tend to elevate their character in the eyes of the community at large; to establish friendly communion among themselves, and to dispel party feelings and petty jealousies. In an especial manner we direct the attention of our readers to the remarks made by the learned Vice President on the subject of the Medical Colleges in the city of New York.

Dr. Nelson being entitled to the privilege of finally answering Dr. Holmes' remarks, we must beg to decline inserting anything further on this subject. All our readers too must feel, that this contest might be carried on *ad infinitum*, as authorities might be advanced on both sides to support the views taken by the gentlemen respectively. Moreover, this being a season for the exercise of brotherly love and the demonstration of every good feeling among our neighbours, we avail ourselves of the opportunity to take leave of the old year with all its disagreables, and to welcome in the new, hoping that during the ensuing year much will be done to establish among the members of the Profession in this City the same cordial and kindly feelings as we are glad to find existing among our confrères in New York.

MEDICAL MISCELLANY.

The following petitions have been submitted to Parliament since its Session began :—For an Act of Incorporation by the Lecturers and Students of the College of Medicine and Surgery of this City—Against the above by the Professor, Lecturers, and Demonstrator of Anatomy of the Medical Faculty of McGill College—For pecuniary aid, by the Medical Faculty of McGill College. An epidemic gastro-enterite has been prevailing in this city for the last six weeks among children under 12 years of age. A considerable number of cases of small pox have also occurred; those in which Iodine has been applied externally, with the exception of a child, have fully confirmed the usefulness of the application. It was recommended in one of our early numbers by our friend and townsman, Dr. Crawford.

Le 10ème No. de la Gazette Médicale est au commencement de l'an, offert a ses abonnés, avec tous les souhaits des rédacteurs; ils espèrent qu'ils ont maintenant garanti la continuation du journal à l'avenir, même ils sont préparé à doubler leur courage, tripler leurs efforts, par raison d'un encouragement extraordinaire reçu des toutes parties de la province, et quoiqu'ils n'énocent pas expressément un élargissement de la Gazette, ils entrevoyent une forte probabilité d'un tel événement: mais pour y réussir il faut à la fin de leur année règler leurs comptes avec non seulement leurs imprimeurs mais avec des journaux de Paris, Londres, &c., et autres sources de dépenses indispensables, donc ils ne demandent pas trop quand ils solicitent le prix de l'abonnement pour l'année, et si les souscripteurs s'en trouvent gré de leur envoyer en avance le prix de la seconde période, il est guère nécessaire de dire qu'ils en seraient plus que reconnaissants.

TO CORRESPONDENTS.

In answer to "Student's" note, Liston's Red Wash is thus prepared—

R. Zinci Sulphatis, drchm. I.
Spirits Lavandulæ, do. ss.
" Rosmarini do. II.
Aq. Puræ drm xxx pro lotione.

It is generally applied by lint and covered with oiled silk.—6 *vol. Med. Gazette, page* 78.

FOREIGN BODIES IN THE RECTUM.

M. Maisonneuve related to the "Société Medico Pratique," the case of a man—a patient of M. Cloquet's—who had introduced a tumbler into his rectum. In order to extract it, M. Cloquet dilated the anus with six fingers, which being insufficient to dilate it to the required extent, MM. Maisonneuve and Huguier, who were present, each added four fingers. The fourteen fingers enlarged the anal surface to such a degree, as to allow the tumbler to be seen. The bottom of the tumbler was directed upwards, and the open part downwards. The man was then told to bear down, as if for defæcation, and the glass was expelled. This case is a most remarkable example of the extent to which the anus may be dilated, without injury to the sphincters.

A few weeks previous, M. Cloquet had had under his care another individual, who had introduced a Flemish beer-glass (shaped like our champagne glasses) into his rectum. The glass was seized with forceps, but broke into many pieces. In order to get the lower part out, it was found necessary to turn it, as the open broken part was turned downwards. The man died in the course of a few days.

M. Thierry narrated a case which occurred to Dupuytren. A man had introduced a square preserve-pot into the rectum, the open part being superior. Dupuytren seized hold of the rim by means of a blunt hook covered with chamois leather, and thus extracted it—*Gazette des Hapitaux.*

LACTATION—ITS INFLUENCE ON CONCEPTION.

Dr. Loudon, in a work on the law of populatiou and subsistence propounds the theory that the laws of nature require lactation to be prolonged for three years, and expresses an opinion that the antagonism between the uterus and mammæ is so great as usually to prevent conception in women who have infants at the breast. This opinion, however, does not accord with the facts stated by Mr. Roberton, and is even more decidedly at variance with the results arrived at by Dr. Laycock. Dr. Laycock states that 135 married women yielded 209 pregnancies during 766 lactations, or 1 pregancy in 3 66 lactations, or 27 per cent. Those 209 pregnancies occurred in 76 females, that is to say 56 per cent. became pregnant while suckling; but in 30 of these, pregnancy under these circumstances occurred only once. If therefore, they be deducted, there remain 46, or 33 9 per cent., or nearly 1 in 3 who became pregnant on more than one occasion while suckling; and 19 of these, or 1 in 7, had always (after their first pregnancy) conceived while suckling.—*From the British and Foreign Medical Review, April*, 1844.

ON THE PROTECTIVE INFLUENCE OF VACCINATION.

The general conclusions drawn by Dr. Retzius, of Stockholm, from his observations of small-pox and the effects of vaccination in Sweden, are these: "The protection, afforded by vaccination from the close of the second year of life against the contagion of the variolous poison, usually lasts unimpaired to the end of the thirteenth year or so: after this period it begins to lose its effect, and gradually becomes more and more uncertain on to the twentieth or twenty-first year of life. For the next four or five years, the disposition to the small-pox seems almost to have recovered its original integrity; and this state of liability continues unimpaired up to the age of forty years or so. At about this epoch of life, it begins to approach nearer and nearer to the limit of its existence—which it reaches, in the majority of cases, about the fiftieth year,—the period when the general revolution of the human body commences to take place."

(The practical inference to be drawn from these remarks is the propriety of repeating vaccination in about thirteen or fourteen years after its first performance. This advice is in accordance with the observations of the most experienced practitioners: it would be well if it were more generally acted upon.)—*Medico-Chirurgical Review.*

A NUT FOR THE ULTRA-PHLEBOTOMISTS.

"I have seen," says Bordeu, that truly *spiritual* and lively writer, "a physician who put no bounds to his fondness for bleeding. If he had bled a patient thrice, he repeated it once more, for the good reason that there are four divisions of the world, four seasons in the year, and four cardinal points in the compass; after the fourth bleeding, a fifth was required, because there are five fingers to each hand; to the fifth he added a sixth, for that God created the world in six days; six! oh! there must be seven, since the week has seven days, and Greece had seven Sages; an eighth is necessary to make the number even; and a ninth, *quia * * * numero Deus impare gaudet.*"

An amusing anecdote is told of Barthez, another celebrated physician of the last century and cotemporary of Bordeu. During the excitement of the French Revolution, his house was assailed by the mob, in consequence of his having published a pamphlet in vindication of the nobility. He presented himself at his door

without fear, exclaiming to the rabble, "you may break my windows, but you cannot touch my arguments." He had a bitter enemy in the person of Linguet, a turbulent sarcastic lawyer of the day, who, in a satirical poem, addressed him as a

> Ministre de la mort, tyran de la nature,
> Assassiner par art, guerir par conjecture.

—*Medico-Chirurgical Review.*

ON THE POISONOUS PROPERTIES OF THE BARK OF THE LABURNUM TREE. By Robert Christison, M.D.

A farm servant, named Gordon, 18 years of age, being on bad terms with his fellow-servant, the cook, administered to her in some broth a portion of the bark of the *Cytisus Laburnum*, or common laburnum tree; this he did for the purpose of exciting vomiting. The cook soon became very ill, and in five minutes was attacked with violent vomiting. After the first attack of vomiting, which occurred at three in the afternoon, the retching and vomiting continued incessantly throughout the entire evening, night, and subsequent day; there was at the same time shivering, general pain in the belly, especially in the stomach, and such feebleness from the moment she first took ill, that she with difficulty walked to her bed; severe purging also occurred on the morning of the second day. It was some days before she was able to resume her work. The sickness, vomiting, and purging, however, continued to recur, in some degree, daily; pains throughout the abdomen; she rapidly fell off in looks, flesh, and strength; about six weeks after she first took ill, she was forced to give up service; her complaints went on without any intermission, except in degree for about seven months, when she was first visited by Dr. Ross, who was sent on the part of the law-authorities to investigate the particulars of the case. He found her labouring under symptoms of marked gastro-intestinal irritation, such as vomiting, especially after food, pains in the abdomen increased by pressure, diarrhœa with tenesmus and slightly sanguinolent stools, flatulent distension of the belly and the like. There was great debility, impaired appetite, hurried and laborious respiration, a rather frequent and easily excitable pulse, strong bellows' sound over the roots of the large vessels of the heart, a pale countenance, bloodless lips, and a pale, glazed tongue. The patient recovered very slowly. This woman having enjoyed robust health previous to the administration of the Laburnum-bark, it

cannot be doubted, that if the bark caused the first symptoms, it must also have occasioned all the subsequent illness.—*Edinburgh Medical and Surgical Journal.*

THE SETON BEST FOR RANULA.

"I have punctured the bag, and then touched the edge with caustic potassa to prevent its healing. The patient has gone on very well so long as it did not heal, but as soon as I have left off applying the caustic the orifice has closed. I have introduced a tenaculum into the bag of the ranula, and cut away a piece sufficiently large to admit the finger; the patient has then continued well for a longer time, because the part takes longer to heal, but contraction takes place, and the patient is bad again. I have run a seton through, and the patient has then gone on well for a considerable time. I have introduced a gold or silver ring, and kept that in as a seton. If the seton be kept in a considerable time, it seems to effect a permanent cure; but even that fails, and you have to perform the operation two or three times. I know of nothing better than the use of a seton, and I believe that it is better made of metallic substance than of silk. It does not so soon ulcerate its way out, and if it remain in for a long time the edges of the orifice through which the seton is introduced may become covered with mucous membrane. If you introduce a silk or India-rubber seton in the back of the neck, after a great length of time a sort of skin forms on the inner surface of the canal; there is a discharge of matter; and when you take away the seton, the part in which it lay remains pervious. So if you keep a seton in a ranula for a very long time, the opening may remain pervious. The advantage of a metallic over a silk seton is, that it does not ulcerate its way out so soon, does not get putrid in the mouth, and therefore may be kept in for a longer time."—*Sir B. Brodie.*

THE SPHINCTER MUSCLE OF THE ANUS WILL RELAX SO AS TO ADMIT THE HAND.

In a case of accidental intrusion of a piece of cane into the rectum, which occurred to Mr. Thomas, he introduced his finger into the gut, but could feel nothing. The sphincter muscle relaxing, he got in two fingers, and, ultimately, the whole hand, when he was able to find and abstract the piece of cane. On this Sir B. Brodie remarks :—

"There is, in this case, a circumstance of great interest, and one that I believe was first observed by Mr. Thomas, namely that the sphincter muscle gradually became relaxed under the pressure of the hand, so as to admit not only one finger, but two, and ultimately the whole hand. I have observed the same thing in several cases in which I have had occasion to make an examination, and the knowledge of this fact is very useful indeed on certain occasions which occur not only in hospital, but not unfrequently in private practice."

Those who live luxuriant and indolent lives are liable to have their bowels become very torpid, and you may be assured that there is no harm in their constantly attending to their bowels. I have known people belonging to the affluent classes who have been in the habit of taking medicine almost every day. I know one hearty old gentleman, eighty-six years of age, who can walk round the Regent's-park, who has taken an aloetic pill every night for three-score years. I knew another gentleman, who died at ninety-two, who took either an aloetic or a rhubarb pill for the same length of time, and I could give many other examples. But there are others who do not attend to their bowels; scybalæ form in the colon, they pass on to the rectum, but they are not easily discharged per anum. The softer fæces pass over the scybalæ, other scybalæ descend into the rectum, and the accumulation goes on until at last the rectum becomes completely filled up with a great mass of hardened fæces as large as the fist, and even larger, so that half a pound, or perhaps a pound weight, may be collected there. The patient now suffers exceedingly, and he—or perhaps I ought to say she—for it is more common in women than in men—has a desire to go to the water-closet. She goes, great pain is produced, but nothing comes away, the bowels being stopped up with these hardened fæces. The nature of the complaint may be ascertained by introducing the finger into the rectum; you there feel the hard mass of fæces. How is that to be got rid of? By injection? An injection will not act on this large mass. You must first dilate the sphincter muscle by introducing the fingers, and then with the handle of one or two pretty large spoons the whole mass may be extracted. A good nurse can accomplish it very well, if you tell her how. Let her take a couple of dessert-spoons and bring away a little and a little more, and when the rectum is nearly empty, warm water injected two or three times will remove the remainder.

Until I was aware how much the sphincter muscle might be dilated I found it difficult to manage these cases. I used to try to accomplish it by introducing a narrow spoon into the rectum and bringing away a little at a time, but that was a very tedious process."—*Sir B. Brodie.*

ON THE INFLUENCE OF OPIUM ON THE CATAMENIAL FUNCTIONS. By James McCune Smith.

It has been generally taken for granted, that the use of opium is not attended with retention of the uterine or mammary functions. Dr. Smith has met with some cases which give evidence to the contrary. He details the histories of five cases, in every one of which the catamenia were suppressed as long as the use of opium was indulged in. In the majority of these cases the opium had been given for various affections, chiefly as an anodyne. In two of them the catamenia returned as soon as the use of the opium was discontinued. In the last case mentioned by him, the opium was prescribed in consequence of a great increase in the quantity and frequency of the catamenia—the opium was continued until the discharge ceased; but the patient, without the knowledge of her medical attendant, continued the use of the drug for a year; the consequence was, the catamenia gradually diminished, and at the end of a year entirely ceased. She gave up the opium; and though she had recourse to emmenagogues, she could not succeed in re-establishing the discharge. All the cases mentioned by Dr. Smith agree in this one circumstance, that the arrest of the catamenia was not followed by the vital disturbances which attend their suppression from other causes. Opium is observed to possess the power of arresting periodicity.—*New York Journal of Medicine, Jan.* 1844.

[Two cases of arrestation of periodicity in this function have occurred to ourselves from the use of opium.—*Eds. M. G.*]

TREATMENT OF LEUCORRHŒA BY MEANS OF TINCTURE OF IODINE.

M. Van Steenkiste has made use of a diluted tincture of iodine with great success in cases of obstinate chronic leucorrhœa.

R. Iodine, gram. iv.; Alcohol. gram. lx. solve; et Aquæ destil. grammes (or f3xv.) are to be thrown into the vagina as an injection, and repeated every day, or every other day, according to the excitement it occasions.—*Ann. d'Obsterique, cited in Gaz. des Hôpit.* No. 65.

[We can add our testimony to the usefulness of this plan.—*Eds. M. G.*]

EXTIRPATION OF THE UTERUS FOR COMPLETE INVERSION.

M. Velpeau has recently extirpated the uterus in a case of inversion, the result of labor, which had existed four years, and threatened the life of the woman through the continued hæmorrhage which it occasioned. After bringing down the uterus by means of double hooks (erignes), ligatures were passeed through the base of the tumor which it formed, and it was then excised. From the account given of the operation, it is rather difficult to understand how the ligatures were applied. In another case in which M. Velpeau operated, three months ago, it appears that the base of the tumor traversed with two ligatures, and they were then tied circularly. Owing, however, to gradual retraction and ascension of the divided surfaces, the ligatures slipped off. In this case, therefore, it is stated, that the ligatures were placed from one side to the other, and united in front, so as to approximate the divided surfaces, as in the operation for hare-lip. The patient died of peritonitis a few days after the operation.

M. Velpeau has operated by excision on a woman, who recovered. He has lost another patient by hæmorrhage, and has met with three cases of complete inversion ; he has, therefore, seen six cases in all.—*Gazette des Hôpitaux.*

DECOMPOSITION OF TINCT. OPII BY AMMONIA.

It is of great importance for prescribers to remember that the addition of ammonia, either as carbonate or spiritus ammon, aromaticus, to mixtures containing tincture of opium or any salt of morphia, will after some time, say twenty-four hours, precipitate the morphia in a crystalline form ; so that if a mixture is made a day or two before it is taken, the patient may get several doses of morphia concentrated in the last portion left in the bottle, and fatal consequences may be produced. The presence of alcohol will prevent the precipitation.—*Chemical Gazette and Boston Med. and Surg. Journal.*

OVARIAN DISEASE.

Dr. Jefferson thus sums up the results of the operation for the extirpation of ovarian tumors, in 74 cases : in 37 cases the tumor was removed, and the patients recovered ; in 24 the operation was followed by the death of the patient ; of these 24 fatal cases, the tumor was removed in 14, could not be removed on account of adhesions in 6, and was found to be other than ovarian tumor in 4 cases. Thus, again, in 74 cases, in which the operation for extirpation of ovarian tumor had been undertaken, it has been completed in 51 instances, in 14 of which it has been followed by death, and in 37 by the successful removal of tumors, and by recovery of the patients ; whilst, out of the

74 cases selected, it was found impossible to carry out the intentions of the operator in 23 ; or, in other words, the diagnosis was not sufficiently accurate to enable the surgeon to foresee the impracticability of carrying out his intentions. Of these 23 cases, 13 recovered with life, to remain in *statu quo ;* 10 died. The cause of failure was impossibility of removing the tumor, on account of adhesions, in 14 cases ; no tumor was found in 3 cases ; and the tumor proved to be other than ovarian in 6 instances.—*London Medical Times.*

THE EFFECTS OF ANTIMONY ON INFANTS.

Mr. Wilton, in the Provincial Medical Journal, gives the details of several cases, in which antimony, exhibited internally to children, caused excessive depression and exhaustion, and in two cases a fatal termination. The principal *post-mortem* appearance was an exceedingly ex-sanguineous condition of every part of the body. Mr. Wilton observes that antimony is a dangerous remedy for children, and always requires caution and observation in its use. To the truth of this remark we can add our testimony.—*London Medical Times, and Boston Medical Gazette.*

POISONING BY ARSENIC.

M. Grimaud, a chemist at Poictiers, has proposed a mode of rendering poisoning by arsenic more difficult. He recommends that this article shall he sold when mixed with a certain quantity of sulphate of iron and cyanuret of potash. About one per cent of each substance would, he alleges, be sufficient. The arsenic, thus qualified, shows itself either by color or smell, when used in the various aliments fit for man. Thus, arsenic prepared in this way, and thrown into warm meat soup, gives immediately a green bronze color ; into hot milk, an opal ; into red wine, a violet ; into bread, a deep blue ; and so on for twenty mixtures, on which M. Grimaud has made experiments.—*Galignani's Messenger and Boston Med. and Surg. Journal.*

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Edited by Francis Badgley, M. D., and William Sutherland, M. D.

VOL. I. MONTREAL, FEBRUARY 1, 1845. No. 11.

MEDICO-LEGAL REPORT.

Having examined on Tuesday, 17th inst., at the request of the Coroner and a sworn Jury, the remains of a human body discovered by some labourers in the process of excavation in the rear of a new building lately erected in St. Paul Street, I have to make the following report :—

The body was interred in a bank, and according to the report of the labourers, about four feet below the surface of the earth, close to or upon the foundation of an old privy, and when observed was covered by a couple of boards. The earth having been frozen, the bones of the skeleton were removed by the aid of a pickaxe in detached fragments, so that nothing is known of the *position* in which the skeleton lay. An old leathern mitten and three half-pennies of a comparatively recent coinage were at the same time disclosed. No buttons nor other vestiges of wearing apparel were found though strict search was made. When first seen by me, the bones were promiscuously mixed together in a box, in the possession of the Beadle of the French Cathedral ; several of the vertebræ were wanting, but in other respects the skeleton was entire. The bones of the leg were disarticulated from the feet, which were concealed by boots. These were of the *Wellington shape*, of *a common description*, and *of British manufacture*, and in contact with the feet were *socks of coarse grey worsted*, considerably decayed.

On examining the different parts of the skeleton more minutely, the following appearances were noted :

A complete absence of all the soft solids, whether muscular or visceral. Lumps of a whitish substance adhered to the bones in various

places; they were soft and greasy, inflamed readily on approach to a candle, and otherwise gave every appearance characteristic of Adipocere. The ligamentous connection of the bones, and their cartilages had all disappeared; and with the exception of the bones of the feet, and two of the Cervical Vertebræ none were in apposition. Two masses of decomposed animal matter of a blackish tint occupied the Orbits. At the Occiput was some matted *hair of a "fair" colour* mixed with earth, on raising which a reddish tint was clearly perceived, as if produced by the coloring matter of blood. Some of this was diffused through water, but the colour imparted to the water was brown. A portion of brain was perceptible through the Foramen Magnum, and therefore the skull was removed to a warm room for the purpose of thawing it, and permitting of closer examination. The Atlas and second Cervical Vertebra were frozen together in such a position that the posterior edge of the lower articulating surfaces of the Atlas rested on the anterior edge of the superior articulating surfaces of the second Vertebra, throwing the Odontoid process backwards into the Spinal Canal, which was filled with medullary matter in a state of decompositon mixed with earth. On cutting open the boots, the soft parts of the feet were found converted into Adipocere, from which all the bones of the Tarsus and Metatarsus immediately separated or fell asunder.

Skull.—In the centre of the Parietal bone on the right side, and towards the posterior inferior angle of the Parietal of the left side, were two large irregular openings, evidently of recent origin, from the whiteness of the fractured edges, produced undoubtedly by the blows of the pickaxe employed during the work of excavation. On the Occipital bone close to the Additamentum Suturæ Lambdoidalis was a depressed fracture of about an inch and a half long, in a transverse direction from the suture, and about two inches deep, forcing the bone inwards in a pointed manner upon the Right Lateral Sinus; the anterior point of the fracture being formed by the suture at its juncture with the Squamous, from which five fissures proceeded in a radiated manner through its extent, the lowest of which extended to the Foramen Magnum, and traversing that opening, continued itself on the Occipital bone on the opposite side, extending from near the Condyloid Foramen to the Lambdoidal suture. The depressed Occipital fracture was not of recent origin, as proved by the darkened appearance of the fractured edges, and the quantity of earthy matter found in it.

The occipital protuberance, and left side of the same bone to which the matted hair was attached, was of a deep purplish black colour, as if stained by a long maceration as it were in blood. A blotch of a si-

milar color was noticed also on the Right Superior Maxillary bone, ex-ending from the inner angle of the Orbit downwards.

On removing the Calvarium, the Brain was found shrunk to about two-thirds its natural size, and emitted the most offensive odour. Not the slightest trace of organization was observed, but the Cerebral Substance, with its membranes, formed a pultaceous mass, and with the exception of that part corresponding to the middle lobe of the left hemishere, which was blood red, and that in immediate contiguity with, and adjoining to, the fracture, which was blackish bordered by red, it was generally of a pale leaden hue. The centre of the Brain, in the line of the Corpus Callosum, had degenerated into a purulent looking fluid, which was evidently Cerebral matter far advanced in decomposition, or in its last stage.

The inference which appears clearly deduceable from the above premises, is that the deceased met his death by violence, and that he was soon after interred, *denuded of all upper clothing, but with his booots on.*

The blackish tint on the brain, in the neighbourhood of the Occipipital fracture, is owing to decomposition of extravasated blood mixed with brain, a more rapid decomposition taking place there in conse quence of more direct exposure to the causes inductive of decomposition. The blood here extravasated *must* have proceeded from the Right La teral Sinus, which *must* have been most extensively lacerated.

The blood red tint of the brain, corresponding with the left middle lobe, may be referred to extravasation from rupture of, probably, the Middle Meningeal artery, from *contre coup*: and its retention of the red colour, the result of non-exposure to direct decomposing agencies.

The remarkable relative position of the two Cervical Vertebræ, might have been the result of accidental causes, after decomposition had severed the ligaments which united them together; but, though this is possible, yet it is far more probable that it was the result of the severe blow on the Occiput, which threw the head and Atlas forwards, producing a complete dislocation of the neck, with pressure on the spinal cord, and instantaneous paralysis of the whole body. The presence of medullary matter in the spinal canal, although not absolutely confirmatory of this view, yet considerably strengthens this supposition.

The blow on the Occiput must have been inflicted with some heavy instrument of metal, probably by an axe; the Occiput being the strongest and thickest part of the Cranium, would have resisted such a fracture by instruments of a much lighter description.

The blow must have been given *transversely*, and from its *position*, must have been received *unawares* by the individual.

The question of the time of inhumation is involved in difficulty. It is

not possible to determine this with any accuracy. The compléte disappearance of the soft solids, would appear to extend the period of inhumation to eight or ten years, while the existence of *brain*, decomposed although it was, tends to limit it to a much shorter period. Probably five or six years may be regarded as approximating to the truth.

Judging from the appearance of the Sutures, and the hair, the age of the individual may be estimated at about thirty-five years.

A. HALL, M.D.

Joseph Jones, Esq., Coroner.

Montreal Gazette.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

GENTLEMEN,—On the 7th inst. the *Montreal Gazette* contained a "Medico Legal Report" which was communicated to that Journal by A. Hall, Esq. M. D. and which I am certain will be found well worthy of a perusal by all your subscribers. I am, therefore, induced to request you will favour them, as well as me, by transferring it to your pages—as I am perfectly certain that the majority of them have not met with it. My object for soliciting this favour is principally to direct the attention of every member of the profession to the necessity of paying more attention to subjects having reference to Medico-Legal investigations, and also that remarks on such subjects should be made known to the profession generally through the *proper medium*.

The manner in which Dr. Hall has drawn up his report redounds much to his credit; he has shown ingenious reasoning and drawn very scientific inferences. No part of the report can be actually found fault with; nevertheless, in a Medico-Legal point of view, it would have been additionally satisfactory to have been informed of the nature of the soil wherein the remains had been found; whether gravelly, sandy, or of a clayey character. Also, whether it indicated a current moisture or a stagnant one; as all these circumstances are known to affect materially the slow or the rapid process of decomposition. To me it seems from the tenor of the Report that the decomposition must have been rapid and that the inhumation of the body was not at a period so far removed as the Doctor infers it to have been. True, he says there were no vestiges of clothes, yet a mitten, money, and boots were found. The money distinct and the quality of both the mitten and the boots still preserved—the latter sufficiently so as to enable him to state they were of British manufacture. Had the deceased been stripped of his clothing, it is difficult to conceive how the mitten could have been in the grave, and still more so, the money. Therefore, I would be inclined to infer that the soil was favorable to rapid decomposition; and it is well known that the more rapid decomposition goes on, the

more simultaneously do all the parts, whether muscular, integumental, membraneous, ligamentous or cartilageneous disappear. That the mitten and the boots remained, may be owing to the tannin in the leather; hence also the reason why the soft parts of the feet were converted into adipocere.

As to the fact, that the deceased met his death by violence, and probably received the blow unawares, no one can doubt; but we get no idea of the probable position in which the deceased may have been at the time the injury was inflicted. For my part, after having, through the kindness of Dr. H., carefully examined the skull, and listened attentively to his oral description of the relative position of the atlas and dentata, and connecting this with the fact of the discovery of a mitten and coin, I am disposed to infer that the deceased must have been asleep with his face on a table, or perhaps sitting on a chair with the back of it to his front so as to make a resting place for his arms, that he might sleep upon them; or, what is perhaps more likely, he was sleeping with nothing to rest his head upon at all, a circumstance which would naturally enough drop his chin towards his chest and bring his head in that position, which the evidences of the fatal blow clearly indicate it had been in at the time.

Some may deny the possibility of a dislocation of the dentata without fracture, but I think, with Dr. Hall, that the direction and violence of the blow, connected with my supposed position of the deceased at the time he received it, will clearly establish "not only the possibility but also the probability" of a dislocation.

With these few remarks I beg to hand you a copy of Dr. Hall's Report, and request you will favor me by publishing both in your next number,

Respectfully, I remain, yours truly,

FRS. C. T. ARNOLDI, M. D.

20th January, 1845.

ON A NEW MODE OF DRESSING WOUNDS AND ULCERS.

By Dr. Langier, M. A. M., Surgeon to Beaujon Hospital.—This method consists in applying, on the surface of the wound or ulcer, a solution of gum arabic, and on it a bit of goldbeater's skin; thus dressed, a wound, an inch in diameter, was reduced in the space of eight days to one-third or one sixth of an inch in extent. Cicatrization took place so rapidly, that the granulations, covered with a thin epidermis, were as numerous and visible as before, but could be touched without causing pain. A wound, produced by amputation of the breast, highly inflamed, about four and a half inches in breadth, under this treatment, healed rapidly, and purulent secretion did not take place.—*London Medical Times.*

ON SOME OF THE DISEASES OF THE EAR.

From Mr. Liston's recent Lectures on the Operations of Surgery.

With regard to the ear, I have already spoken of foreign bodies in the meatus, and I stated that they were to be removed in much the same way that you would extract foreign bodies from the nostrils. You must not attempt their removal by forceps, but put a fine bent probe, or a scoop, behind them, and, with a slight motion of the wrist, you turn them out of their place. Before you make the attempt, you must be very sure that there is a foreign body in the ear. This you can ascertain by using a speculun, which enables you to see perfectly into the bottom of the external meatus. The patient must be placed in a proper light, or the part may be illuminated by a good lamp. The rays of light may be brought to a point, and thrown into the bottom of the tube, as ingeniously devised by my friend Dr. Warden, through the medium of a small prism, adapted to the speculum.

You meet with cases of inflammation of the meatus from various causes—cold, &c. These inflammatory affections often end in abscess; you endeavour to prevent it by the application of leeches to the part; but when matter is formed, its escape is to be favored, and for that purpose fomentation should be applied. You may meet with cases where the abscess is apparent, and then you can puncture it. These abscesses are always attended with very great suffering: the parts are highly sensible when in a state of health, but still more so when diseased; the abscesses, however, generally burst spontaneously in the course of a very short time, and then the patient is relieved.

Deafness, of course, will arise from the presence of foreign bodies, or from the swelling of the meatus or parts around it. It frequently takes place in consequence of the accumulation of cerumen, and, indeed, this is the most common cause of deafness, and nearly the only one that you can with any certainty count upon removing. Old people are often relieved from deafness of long standing, by having foreign matters washed out from the external meatus. There has been a discussion as to what is the best solution to employ for dissolving the accumulated secretion. You will, in one of the volumes of the "Edinburgh Medical Essays," find a very good paper on the subject, in which are detailed trials with various alkaline and other solutions, and the conclusion arrived at is, that tepid water will answer as well as anything else. You use for the purpose a tolerably large and well-valved syringe, with a properly-fashioned nozzle; now and then you use a scoop, and pull out portions that would not otherwise come away. You often find large plugs of cerumen mixed with cotton and wool, which patients have put into their ears, to prevent cold air getting in,

as they say. It is also said, that deafness arises from there being too little wax, from the ear being dry, and in these cases all sorts of stimulating oils have been dipped into the ear, with, I believe, but little advantage. Then you find deafness arising from obtuseness or paralysis of the nerve, and that is thought sometimes to be remediable. You may endeavour to rouse the sensibility of the parts by blistering over the mastoid process, and sprinkling the raw surface with strychnine in minute quantities.

Deafness also occurs to a greater or less extent (and this is irremediable) where suppuration has taken place in the internal ear, and where the bones of the tympanum have been destroyed. You cannot restore these parts, and you cannot expect the functions to be restored, for there is a great change of the structure of the organ. Patients often continue to have a discharge from the ear for a long period; there has been an attack of inflammation and suppuration during some inflammatory affection or fever of childhood, as scarlatina; it goes on for a long time, and parents desire to have it dried up; but beyond having the part kept clean, I advise you not to interfere. If you employ a strong injection, you may give rise to disease in deeper seated parts, and endanger life.

There are discharges from the external ear now and then connected with abscess situated deep in the temporal bone. I have seen two or three cases where the matter which had formed within the cranium was discharged by the ear. There may be abscess of the brain, or abscess between the dura mater and the anterior aspect of the temporal bone; and this certainly cannot be remedied by any external application. I have seen the discharge checked by long exposure to cold and wet; fever has ensued, and the patient has speedily perished.

The functions of the ear are sometimes interrupted in consequence of affections of the throat. Common people know that when the "almonds of the ear," as they say, come down, they are deaf. If the tonsils remain enlarged and swollen, the hearing is obtuse. The same thing occurs from polypi and other tumors of the throat. In cases in which I have removed them, the patient had been deaf for years. I have mentioned in one of my books the case of an old gentleman who had been deaf for very many years; he went regularly to church, for form and example's sake, it would appear; for after a great many polypous tumours had been extracted, he declared that he never, till then, heard one word of the service. The tonsils have been removed now and then with great advantage in cases of deafness, but though relief has been thus afforded, I would not by any means advise you to resort

to it in all cases. You are not warranted in cutting away the tonsils or uvula under the assumption that they are the cause of the deafness, more especially when there is but little, if any, abnormal change in them.

After all, there is not a great deal to be done for the cure of deafness. There are many cases easily remedied, but a great many others are quite irremediable. The deafness which ensues in consequence of the deficiency or destruction of parts cannot be remedied; in many cases where the nerve is affected, no relief can be afforded; but where it arises in consequence of obstruction of the Eustachian tube, or the presence of tumors, the surgeon may sometimes afford considerable relief. It has been said that deafness arises from the Eustachian tube being closed up by mucus, and in order to remove it, all sorts of quacks have been in the habit of injecting air and fluids into this passage; but the only effect of this process, so far as I can see, would be to drive the vitiated secretions further into the passages, and impact them there.

In some cases of permanent obstruction of the Eustachian tube, in cases of thickening and induration of the membrane of the tympanum, and in collections of blood in the cavity, the drum of the ear has been perforated. This is an operation not attended with difficulty. The only trouble is in keeping the opening from closing again. The operation may require repetition unless it is performed in such a way that a portion of the membrane is wholly removed. This may be accomplished by means of a sort of punch dexterously applied. The instrument must be so guided as to avoid the attachment of the handle of the malleus. I have, in a few instances, seen patients thus slightly benefited, but great success cannot be anticipated from the proceeding.—*London Lancet.*

SMALLPOX AND VACCINATION.

J. Curtis, Esq., one of the Parish surgeons of St. Pancras, London, gives the following among other results of his observations:

"With respect to the power of vaccination, I am of opinion that it modifies smallpox, if performed at any period previous to the appearance of the eruption, and probably even a day or two afterwards. Therefore, whenever an opportunity occurs, I always vaccinate persons infected with smallpox, even though the eruption shall have begun to make its appearance.

"In the spring of the present year I had fifteen cases of smallpox among my parish patients. One was sent to the Smallpox Hospital, and therefore must be left out of the calculation. Of the 14 remaining patients, 1 was 30 years of age, the others under 8 years; not one had

been vaccinnated previous to infection by smallpox ; 5 were vaccinated after infection, and had the two eruptions going on together ; and 1 out of the 14 died.

" Upon looking back to the account kept of my parish patients for the last 12 years, I find the mortality in cases of smallpox among the unvaccinated to be about 1 in 6.

" Supposing my calculation of the proportion of the population vaccinated to apply generally, and also Dr. Gregory's account of the relative mortality of the vaccinated and unvaccinated, the relative chances of death from smallpox of the two classes may be stated thus :—

"Of 300 of the population, 200 are vaccinated ; 100 take smallpox naturally, and 20 die.

" Of the vaccinated, an equal number, or 100, take smallpox, and there die 10, being 5 per cent. of the vaccinated. Therefore, the vaccinated have six times the immunity from smallpox that the unvaccinated enjoy,

" I have seen many cases of smallpox after vaccination, but very rarely a death from that cause ; in fact, many of these cases required no medical treatment at all."

INFLUENCE OF LIGHT ON VEGETATION.

PHILOSOPHERS have long ago determined that light consists of vibratory, undulatory, or wave-like movements, which take place in an ethereal medium existing everywhere. It is a more recent discovery that these vibrations are the first origin of the vegetable world. In the work to which I have alluded, I have given the details of this most interesting connection. Out of a limited number of ponderable substances, such as carbon, nitrogen, hydrogen, oxygen, and a few others, all kinds of organized structures are formed, and there is an extensive machinery to collate and group together these different bodies. Light in itself can produce as many different effects as there are possible combinations of color, for each one of its rays has peculiar powers of its own, and it is also attended by other invisible and imponderable principles which have their modes of action. An organized structure of a given kind is therefore the result of the operation of many of these forces, and is an expression of the aggregate action. In the full development of a perfect tree there has been expended a measured quantity of forces of light or of heat, and the organized mass, as it stands before us, in the product of those forces, is the resultant of millions of vibrations of the luminiferous ether, which have acted upon ponderable atoms ; vibrations, which have stood in a certain relation to each other, as the symmetry of the vegetable parts indicates. In

the operation of human agency something of the same, though of a grosser kind, may be seen. We have not, it is true, the power of calling into existence, or of determining in an enduring shape, or of giving an embodied form to material atoms; but in the same manner that nature, operating through ethereal undulations, creates the various forms of vegetable life, there has been committed to us a control over those grosser undulations which move in atmospheric air, and constitute sound. The imagination, the genius of the great masters of music, have already grouped together combinations of these waves, which are destined to an earthly immortality; combinations, which, when once heard, leave their indelible impression on the memory, and are to us an embodiment of symmetry and harmony. These ideal creations which exist only for the mind, are analogous, in very many points of view, to those more tangible creations which are formed by ethereal waves, and which nature has reserved in her own hands. The symmetrical or beautiful forms which are transmitted to the brain by the eye, appeal at last to that same, that common principle which receives melodious or harmonious sounds transmitted by the ear; and the creations of human genius, whether they be expressed in the language of music or painting, whether they are heard in the cathedral or seen on the canvass of Claude Lorraine, give us pleasure, because their final impression is made on a mathematical organ, which is so constructed as to appreciate whatever is symmetrical in position, whatever is graceful in figure, whatever is harmonious in movement.

From this point of view, therefore, I look upon the vegetable world as an embodiment of the action of ethereal agents. A tree, when covered with blossoms in the spring, or laden with fruit in the autumn, is a resultant of the play of those active forces which have been emitted by the sun; an expression of what has been done by vibratory movements operating on ponderable molecules. As soon as the young plant has exposed itself to the solar beam, growth rapidly begins to take place, and organized matter to be condensed from the air, and now a green color is developed, and the stem elongates, and leaves are put forth. In carrying forward all those multiplied operations which have ended in these events, its leaves and its stem have gone upward in search of light—light which has symmetrically arranged their parts and furnished their substance. But these general views are far from giving us an accurate idea of the forces that have been expended or the motions which have been executed in producing the result we contemplate. A forest tree, from its magnitude, rising perhaps a hundred feet from the ground, and spreading its branches over hundreds of square yards, may impress us with a sense of sublimity; a section of

its stem might assure us that it had lived for a thousand years, and its total weight could only be expressed by tons. An object like this may indeed call forth our admiration; but that admiration is expanded into astonishment, when we come to consider minutely the circumstances which have been involved in producing the result. If we conceive a single second of time, the beat of a pendulum, divided into a million of equal parts, and each one of those inconceivably brief periods divided again into a million of other equal parts—a wave of yellow light during one of these last small intervals has vibrated five hundred and thirty-five times. And now that yellow light is the agent which has been mainly involved in building up the parts of the tree, in fabricating its various structures, and during every one of a thousand summers, from sunrise to sunset, the busy rays have been carrying on their operation. Who, then, can conceive, when in the billionth of a second such enormous numbers of movements are accomplished, how many have been spent in erecting an aged forest oak? Who also can conceive the total amount of force employed, from century to century, in arranging the vegetation of the surface of the globe?

I therefore regard a planetary body like the Earth, in its orbitual revolutions round the sun, as a predetermined focal centre, on which the emanations of that star shall be expended, first in producing vegetable organization, and finally in lending their aid to the evolutions of animal intellect. The forces which Newton revealed, as urging such a body forward, or causing it to glide in its elliptic path, appear only as an incidental though essential part of the mechanism of the universe, the interest of which disappears in that higher interest which must attach to whatever stands in intimate connection with organization and vitality. Those many-colored luminous wavelets, which are ceaselessly crossing the interplanetary spaces, go forward on an appointed errand, and sooner or later discharge their final task; nor are the planets in the solar system a colony of opaque globes, rotating without purpose or end around the central attractive mass. The solar system is an orb of movement and light, full of vibrations of every tint, visible and invisible, which here and there envelopes and enshrouds revolving points of organization and life.—*Dr. Draper's Introductory Lecture.*

USE OF THE FORCEPS.

In general it is a very good practical rule, and well calculated to prevent the rash and unwarrantable use of the forceps, "that the head of a child shall have rested six hours as low as the perineum, that is, in a situation which would allow of their application, before the forceps are applied, though the pains should have ceased during that time."—Dr. Robert Lee.

SURGICAL OPERATIONS IN THE MOUTH, &c.

I have already spoken of the bad effects of decayed teeth and stumps, and have told you that an abscess occasionally forms at the fangs of the teeth. You will find now and then, on taking out the stump of a tooth, that there is a swelling, and on examination you discover that it is a cyst, containing puriform matter. Sometimes these cysts are of a very large size. I have seen a cyst—a complete abscess—as large as the tip of the finger, come away on removing a tooth. These abscesses even break externally, and if any of the cyst is left, matter will continue to be discharged for some time. These abscesses sometimes so increase in size as to lead to a swelling of the jaws. An abscess formed at the socket of a tooth, now and then makes its way along the tooth. If the sockets have been a great deal absorbed, the matter at last comes up and presents itself under the gum. It is described under the name *parulis*—gum boil. There is a superficial swelling of the gum, followed by suppuration; but the troublesome cases are those in which abscesses form in the very sockets of the teeth; they are attended with great pain, swelling of the face, and so on. The abscess gradually advances, and may be discovered fluctuating very distinctly. You open the mouth, and see a large swelling on the upper or lower jaw, which you find to be elastic, and on putting a lancet into it, there is a great escape of putrid matter, which is attended with much relief to the patient. If a patient has suffered from this once, the cause ought to be taken away to prevent the recurrence of it. He is unwilling to have the teeth taken out when the parts are quiet and doing well, but some of these collections form deep in the jaws; they go on increasing, the parietes of the abscess expand, and cavities in the bone are at last formed, of considerable size. When formed in the upper jaw, the abscess may burst into the antrum, and sometimes there is a cavity, independently of that in the upper jaw, a large chronic abscess. The same thing occurs in the lower jaws. Sometimes the plates of the bone separate to a great extent, and if neglected for some time, you find tumors formed, of a very large size, which are gradual and slow in their progress. These cases are known under the name of *spina ventosa*. It is only in patients who have been neglected, and in whom the disease has been allowed to increase from month to month, that any thing of this kind is observed.

Then, again, in removing decayed teeth, or portions of them, which have been allowed to remain long, you will now and then perceive a fungous growth on the extremity—a soft, pulpy swelling, adherent to the apex of the fang. Again: if you notice a carious tooth when extracted, you will sometimes find a soft fungus in the hollow of it, and

if you take the trouble of splitting it up with a pair of cutting pliers, you will find that the whole canal is filled up by a swelling, which expands like a mushroom. These swellings often increase in size; they fill up the remainder of the crown of the tooth, and sometimes form a connection with the spongy gums. In other cases the swelling commences at the gum, by the side of the decayed tooth, it gradually increases in size, and perhaps involves the gums of the adjoining teeth. Some of these swellings are as hard as the gum; some are soft and pulpy, and bleed on a slight touch; and some again, though very seldom, assume a malignant character. These tumors are generally of a benign nature, they are firm in their consistence, and, if thoroughly extirpated, are not reproduced, but if any portion is left, they return. If the socket of the tooth, in which the disease commenced, is not taken away, and indeed the whole gum, the disease is sure to come back in a few months, following the analogy of tumors in other parts. I have told you that, however benign in its nature a fibrous or fatty tumor may be, if any portion of it be left, it will be reproduced; but take away the whole, and there is little chance of the patient being again troubled with it.

These tumors sometimes are of a bad character; but even in those of a contrary nature, where the operation is imperfectly performed, there is a return of the disease. The patient, much annoyed of course, again recurs to his surgeon; caustic is perhaps applied from day to day; becoming alarmed, he at last places himself under a person of more experience; the whole is then taken away, and there is no further trouble. Here are some drawings from preparations belonging to Mr. Nasmyth, of Edinburgh, showing tumors of the gums. One represents a tumor occupying the posterior part of the upper jaw, with all the stumps stuck in the middle of it. The teeth are all in a bad state. Those persons who are foolish enough to allow useless portions of the teeth to remain, may lay their account to suffer from this disease. The pain has gone off, the nerve is destroyed, and they think there is no occasion for interfering with the teeth or having them taken out. They do not care about the fœtor of their breath; they have perhaps arrived at a time of life when they think nothing of it; but there is always a deal of mischief if these stumps in the jaws or gums are not taken out. They keep up the swelling and the tumors in the gums. Here is another drawing, showing a tumor of the gum, where the swelling has gone up from the interior of the tooth, and has spread over in a mushroom-like form, and becoming adherent to the spongy gums, has formed a large swelling.

In order to get rid of these tumors effectually, you must take away

the whole of the growth. Most frequently you find them connected with the decayed fangs of the small grinders upon one side or other of the jaw, and most frequently the lower jaw. Sometimes you find them far back in the lower jaw, growing from the decayed roots of the last large grinder, and spreading their influence to the gums of the wisdom tooth and the grinder anterior to it. It is then a difficult matter to get quit of the swelling. If it be of larger size, the patient can only open his mouth with difficulty, and you get but an imperfect view of it. In the fore part of the mouth there is no difficulty at all. All you have to do, then, is to extract a tooth, sound or unsound, on each side of the tumor; the gums are more or less involved in the disease, and you can take them out with the forceps. If the disease were connected with a canine tooth, you would then take out the first small molar tooth, and the lateral incisor; or suppose it were confined to the gums of the canine and first molar, then you would take away the lateral incisor of that side, and the second small molar. You then apply a small saw (such as this) to the socket, and cut down the jaw, with a view of getting rid of the part from which the disease has commenced, of removing the alveoli and the diseased sockets of the teeth. Before you apply the saw you carry your knife round the base of the tumor, and having applied it, and cut down the bone on each side, then, by the means of cross-cutting pliers, you remove the teeth and the sockets, together with the tumor. When the gums of several teeth are affected, you must take away a tooth on each side, and cut away the sockets of all the teeth. If you do this, there is no necessity for any further proceeding. Some surgeons recommend that you should employ an escharotic, as the potassa fusa, to remove the disease more effectually, but this is unnecessary. It is better to go far enough with the saw and the forceps. In order to get rid of tumors far back, and to avoid the necessity of cutting open the cheek, it is necessary to have forceps of various sizes and forms. Although these instruments look very large and coarse, and such as one might say farriers would employ, yet they enable you to remove the affection with less trouble and pain to the patient than if you use small and inefficient forceps. If you were to apply forceps half the size, you would find that you could not cut the sockets through cleverly; that they would bend, and you would have to repeat the operation; whereas, if you go properly to work, you will have no difficulty in accomplishing your object.—*London Lancet.* ROBERT LISTON.

SINGULAR EFFECTS OF LIGHTNING.

"Charlotte, an adult woman, aged twenty-nine years, *was standing* about five feet from the root of the tree. After remaining in a state of insensibility for some time, she gradually recovered her consciousness. A dose of castor oil was then administered. The skin on her right shoulder was abraded for a space as large as a dollar. Her clothes were rent into shreds ; on the right side of her body, the skin was blistered and marked with discolored streaks, which extended anteriorly on the lower portion of the abdomen towards the pubes. A small streak likewise extended along the interior aspect of the right arm, She complained of pain in the stomach and bowels for *three weeks.* No vomiting or burning in the hands and feet, as was experienced in the next case. She has been married several years, but has never been pregnant. Her *menstruation* was perfectly *regular* prior to the reception of the shock ; but has *since that time* been very *irregular* ; sometimes having *two periods* per month, and then escaping *two months.* The flow has also been much diminished in *quantity.* Her health has not been very good since she was struck ; manifestly resulting from her menstrual irregularity. A recent copious bleeding has afforded her evident and immediate relief. Her reproductive functions appear to continue dormant."

"Sarah, a woman aged, *at least,* seventy years, was standing immediately beside the last. She likewise gradually recovered her consciousness. No medicine was administered. Her clothes were rent ; and after a few days, marks of discoloration were manifested along the right arm and right side of the trunk. A violent paroxysm of vomiting followed the restoration to a state of sensibility ; which continued, with occasional interruptions, for ten or twelve hours. As in the preceding case, she complained very much of pain in the region of the stomach and bowels, for at lest two weeks after the accident. A troublesome sensation of *burning* was experienced in the palms of her hands and the soles of her feet ; and in the course of two or three weeks a swelling made its appearance under the right foot, which ultimately resulted in the exfoliation of a portion of the thick indurated epidermis of that part, about one and a half inches in diameter."

"The *catamenial discharge,* which had, in accordance with the ordinary arrangement of nature, ceased for more than twenty years, *was completely, and thus far, permanently re-established!!* At least, a discharge from the genital organs, having all the obvious and sensible physical characters of the *catemenia,* and observing, with vigorous exactitude, its peculiar law of periodicity, has been established, and continues to recur, with the utmost regularity, up to the present time (August, 1844,) after the lapse of more than a year! She has not

missed a single menstrual period since she was struck by lightning. To use a liberal paraphrase of her own language, her "Moons return as regularly as when she was a young woman." The flow comes on with the usual permomitory symptoms. Her *mammæ* have undergone an obvious *preternatural enlargement*, apparently originating in a sympathetic irritation, emanating from the establishment of the reproductive functions. This woman has had but one child, to which she gave birth, soon after reaching womanhood. The catamenial flux is represented to have been regular up to the period of its natural cessation, between forty-five and fifty years of age; subsequent to which epoch, she has presented all the appearances ordinarily attending the gradual approach of the state of senility in a vigorous constitution. The electrical shock, likewise, completely relieved her of a troublesome *strangury* which had harassed her for four or five years. Very recently she has, occasionally, had a slight recurrence of the same complaint; although under a much milder form. Otherwise, her health continues perfectly good; there being, so far as symptoms show, not the slightest indication of the supervention of organic disease of the uterus."

"I regret that no opportunity has been afforded for examining, in a *critical manner*, the condition of the genital organs, and the character of the fluid which is periodically discharged; as it would have effectually removed any degree of scepticism which might possibly arise in the minds of some persons, on the score of the vagueness of negro testimony. I trust, however, that the system of minute interrogation and rigid cross-examination, which was adopted in eliciting the facts, has precluded the possibility of the occurrence of any material error; especially when it is considered that there could be no possible motive for practising deception, in a matter of this kind, on the part of a faithful old slave. Under any view of the question there can be no reasonable doubt concerning the strict menstrual periodicity of the phenomenon; and it would be difficult to assign any other than a functional origin to a discharge observing such a law."

"A comparison of the details of the two cases which survived the electric shock, manifests a remarkable analogy in the appearances presented, and in the symptoms which supervened. In both instances the clothes were similarly torn—marks of discoloration indicated the passage of the lightning over the surface of the skin; and the same persistence of pain in the region of the stomach and bowels, existed during the progress of convalescence. This latter symptom, common to both —together with the continued vomiting in the last case—doubtless arose from the violent shock which the *solar plexus* of the ganglionic system of nerves sustained, by the powerful operation of the electrical energy."

A remarkably striking impression was made upon the uterine functions in both instances: in the one case, causing manifest derangement of the functions of menstruation, as indicated by the irregularity of its recurrence, and the paucity of the flux:—in the other, we observe the abnormal phenomenon of the apparent re-establishment of the catamenia, after more than 20 years cessation under the natural progress of superannuation. Here we find a remarkable example of the production of diametrically opposite effects from the operation of the same agent—under, apparently, identical circumstances—and acting, seemingly, with equal degrees of intensity on the animal economy. Perhaps this may be considered a natural illustration of the truth of the homœopathic aphorism, "*similia similibus curantur*;" but admitting the validity of the axiom, it is quite clear that Nature did not, in these instances, accomplish the end by administering *infinitesmal* shocks of electricity!! Nor does this fact present anything either novel or paradoxical in its aspect, except when observed through the microscopic optics of homœopathy.

THE MONTREAL MEDICAL GAZETTE.

Omnes artes, quæ ad humanitatem pertinent, habent quoddam commune vinculum, et quasi cognatione quadam inter se continentur.—*Cicero.*

MONTREAL, FEBRUARY 1, 1845.

The course adopted by the Medical Faculty of McGill College, in reference to the petition of the College of Medicine and Surgery, has been, to say the least of it, unwarrantable; an interference with the undoubted rights of the subject, an attempt to convert a measure of liberal and catholic application into a contest of a purely personal character, and striving to sway the opinions of the Legislature as well by unjust means as by untenable conclusions.

That that Faculty had a right to petition Parliament we admit, but whether that prerogative should have been exercised is we think questionable: having however gone thus far, action here should have ceased; because it would have been manifest that the intended purpose of the petition was effected, namely that inducing members to deliberate before sanctioning an act which might place undue power in the hands of men capable of unwisely exercising them: the Faculty

by such a mode would have taught those who took an interest in the case, that it placed perfect reliance in the judgment of our representatives, satisfied that having put them on their guard it had exonerated itself from any responsibility, should, in the event of the Act being passed, immoral results ensue. Now what has been done by the Faculty of McGill College? It addressed a circular letter, (dated in December,) to the members individually, setting forth their claims and at the same time attempting a defence of unfounded accusations; this is not delivered till the very day on which the Report of the Committee, to whom had been referred the petition of the College of Medicine, was to be made, thus by a ruse introducing and forcing upon the House circumstances with which it had nought to do, and upon which it was, as such, profoundly ignorant; for the Faculty were not at the bar pleading their case: in this trick of fence there was a complete failure; by the accidental absence of Mr. Scott, to whom the petition had been entrusted, the report was postponed. We must go back a little.

The petition of the McGill Faculty had been entrusted to Mr. Moffatt; by him it was presented, and by an order of the House this, together with that of the College of Medicine, was printed; Mr. Moffatt at the same time naming two medical men, members on his own side the benches, to sit on the Committee named by Mr. Scott; on reading the counter petition, the lecturers had but one course to adopt, namely to meet the allegations of the counter petition, and respectfully, in writing, submit them to the Committee, composed, it will be remembered, of nominees from each side, thus exhibiting to the members comprising it, their reasons, and to one of these, too, who from his seat in the House, had expressed his disapproval of their petition; what was the Report adopted unanimously by the Committee? It was favorable to the prayer of the petitioners of the new school.

On the very day then on which the Report was anticipated, the circular, of which mention has just been made, was issued: on perceiving the course in which the McGill Faculty persevered, and by means which we pronounce unwarrantable, we determined that in the extra promised to our readers the month previous, (in which we had not the slightest idea of introducing these subjects,) the whole matter would

be placed before the Medical public, and also before the Members; we did so and we cheerfully abide the verdict of the former and the decision of the latter.

We have been induced to dwell thus long because of another *counterblaste* having been issued, the aim and patent purpose of which is to bias the prejudice, not to direct the judgment of those unacquainted with the merits of the case; this too was published and issued six days after our extra, to which it purports to reply, and was distributed to members on the evening on which it was known that the second reading of the Bill was to take place, and of course on which the discussion would be held; here again the ruse failed; owing to the Bill not being printed, it was postponed for a week; the reply is however of a character so puerile so lachrymose withal, that we reserved all notice of it till this moment: and we shall touch on but two heads of our offending, the alpha and omega of their charges against the lecturers of the new school in general in the former, and against ourselves in especial in the latter.

We are accused of ingratitude and having acted with bad grace, in having undertaken to deliver lectures in Montreal, and why? Because all of us last year had benefited by the sacrifices, the Faculty of McGill College has yearly made since the establishment of the Medical Institution in 1822. Than this opening parental larmoiement, scarce anything could be more touching; the suggestion of such a grave accusation must have been taken from Plato, who complained, philosopher as he was, of his pupil Aristotle, because he taught in the same city; but surely the Faculty do not intend us to understand that we individually caused them a sacrifice, or that we did not do justice to their teaching? Now, conversant as we are with the affairs of that School, we hesitate not to assert that we owe them not a debt of gratitude in their public capacity of lecturers. We are wrong in using the plural, for we knew but one of them as a teacher—the present professor of Medicine; the fees were paid, and thus far we, at all events, contributed our mite in rendering less the sacrifice; but independently of this, that very school is indebted to two of the present Lecturers of the College of Medicine, for services rendered at an early period by the one, and at a more recent period by the second; certificates of which are in the pos-

session of the parties; no mention, therefore, should have been made of benefits granted without their having been returned; should we ever live to count twenty years of existence—aye, or ten—there will not be anything more flattering to us than the knowledge, that any of our pupils were capable of teaching a science, the rudiments of which we had reason to think we ourselves had inculcated. We must, while on the subject, be allowed to say a few words in regard to the sacrifices; positive outlay of money we mean. We know that up to the time of the leasing of the present house, the expenses for each Professor seldom exceeded £25, and this sum perhaps only by the Professor of Chemistry, and we ask all unprejudiced men—is not to a young practitioner the circumstance of lecturing in connection with an institution of any kind—is not the almost certain appointment as a consequence to the Montreal General Hospital—are these not considerations? And we ask of those who know what was the position, twenty-two years ago, of the gentlemen triumphantly mentioned in the last rejoinder—Was lecturing and preparing lectures, (the chief labour of which is in the first two years,) such an immolation by them of time? It was not.

This unfortunate journal, ourselves, are said to be the organ of the New School—grave charge; we are criminal in raising our voices in directing the science of Medicine, doubly so in directing our efforts towards the making of the new school known—and what has forced us to be in appearance exclusive? for it is but in appearance? What encouragement did this journal receive from the Faculty of McGill College? We are almost tempted to exhibit how deeply indebted we are to them individually and collectively, and yet the immaculate Faculty call us the organ. We are the organ and we grind it to some tune. The Faculty is appalled, and well it may—for we are almost morally confident that a just appreciation of the petition will grant, with but few modifications, the clauses in the Bill incorporating the New School of Medicine, which consummation, if it bring not with it grace to us, will savour much of disgrace to those who have unjustifiably opposed themselves to the passing of an Act which they have not yet shewn has injured—except in anticipation. Further we recommend to the Faculty to give time for another opposition—what will they think when we inform them that some other ungrateful gentlemen are about forming a school, and intend petitioning for an Act such as ours—not,

of course this Session, but next—do they now look upon the ball as fairly in motion ? Gladly and joyfully have we been informed of this —and cheerfully offer what assistance we may to the pioneers.

By the way we hear that the Faculty are about establishing an organ ; we trust that it will be double barrelled—and we hereby offer our services as a hand at the bellows—if accepted we'll wager our old editorial chapeau against any of the collegiate tiles, that we will blow a blast that shall make the organ skirl.

We have reason to congratulate ourselves upon our prospect of success in obtaining our Act—but independently of purely personal considerations, we are delighted to perceive that the Medical Faculty of McGill College are absolutely advertising that there are four Chairs to be filled in connection with the Medical Department—we are the more self gratulatory, when we reflect that we—aye we—have produced this —not only the proposed extension of the course, but the offering of the Chairs to a *quasi* competition, that is to those who are possessed of the highest testimonials. But we regret that this is but a half measure ; in the first place, the Clinical Lecturer must be an attendant at the Hospital, and there are but two at present in that institution unconnected with the Faculty—the choice we conceive, irrelevantly of other considerations, must fall on Dr. Crawford. With this we are truly pleased, for tardy justice will thus be given to that gentleman ; the Chair of Botany and of Medical Jurisprudence will, we predict, be filled by two of the Faculty, or by those in close connection with it. The entering even partially into our own views of a *concours*, is satisfactory, and presages further backsliding from the ancient regime. It is a curious coincidence that the advertisement should appear nearly at the same time, that stress is laid on the sacrifices sustained by the Medical Faculty ; is it wished to unwittingly involve others in pecuniary loss, by becoming participators in the spoil, or is it thus honestly granted and a *fortiori* that there are advantages independently of the *auri sacra fames*, to be derived from these situations.

OBITUARY.

Died, on Friday the 24th January, ALEXANDER SCOTT, M. D., a native of Banffshire, Scotland.

Dr. SCOTT had been for a long time suffering from a serious complaint, which, steadily advancing, completely exhausted his strength, and he expired without any of the acute suffering which characterizes more acute and rapid diseases; indeed, from the astupsy, the affection must have been gradually producing its results for years, and so imperceptibly that its nature was not suspected by himself, yet amidst this ruin of constitution in the meridian of life, (he was but 36 years of age,) the power and vigour of his intellect remained unimpaired to the last moment; during the whole period of a long illness, his calmness and serenity of mind marked his whole demeanour and rendered a bed of death, the throne on which sat patience and resignation, manifesting an abiding faith in the will of the Creator.

Dr. SCOTT was a man of liberal acquirements, not only in his profession, but in those departments of a gentleman's education, which shed a lustre on the individual; he was a good Greek and Latin scholar, and well versed in the classics of our tongue—in fact in a few moments conversation a stranger could at once recognize the man of attainments. He was one of the favorite pupils of the famous Dr. Knox, and had a train of unforseen circumstances not intervened, he would have become his assistant, and would unquestionably have risen to an eminence far greater than that which fell to his lot in the land of his adoption; a position he was well qualified to occupy.

MEDICO-CHIRURGICAL SOCIETY.

We have been prevented by press of other matter from noticing the proceedings of this Society as regularly as we could have desired, nor can we do more in this number, than present our readers with a short abstract of the various subjects submitted to the members for consideration.—EDS. M. M. G.

November 2, 1844.—Dr. FISHER in the Chair.

Death from extensive fracture at the base of the skull.—Dr. F. had been called to the individual in question, who was in a state of coma, from a fall which she had had from the top to the bottom of a long gallery staircase. She remained comatose until death, six hours after

the fall; no fracture could be detected during life, but on post mortem examination, a large extravasation of blood was found on the external surface of the cranium, with a comminated fracture of the basilar process of the occipital bone, including the posterior clinoid processes, a fissure extending nearly to the foramen magnum from the occipito temporal suture. The poor woman (æt. 60) had long been subject to attacks of vertigo, and had probably fallen while in one of these.

November 16.—Dr. HOLMES in the Chair.

The subject of *aortic aneuris* was submitted, and three cases related. One at present existing in the person of a female of upwards of forty years of age, in whom the abdominal aorta is sensibly and palpably affected. Another which occurred in the person of a man, seen by Dr. H. in consultation with another member of the Society, and which was only detected after death; the patient labouring to all appearances under asthma, and the third in the person of a young lady æt. 17, now under Dr. H.'s treatment, in whom although the stethescope announces the sound of aneurism, yet there are no constitutional symptoms present to confirm the diagnosis.

November 30, 1844.—Dr. TRESTLER in the Chair.

After relating the particulars of a case of placenta prœvia, in which the child was safely delivered and alive, the Doctor drew the attention of the Society to the child itself, who had an imperforate anus, and in whom after death a communication was found to exist between the rectum and urethra opening into the vagina. The child lived for six weeks and was then carried off by Smallpox.

December 14, 1844.—Dr. CRAWFORD in the Chair, in the absence of Dr. HALL.

Dr. Crawford related the results of his further experience of the use of Tr. of Iodine in Smallpox, since his first announcement in this journal. He mentioned several cases which induced him to feel increased confidence in the remedy.

Dr. Bowie, who had been led by Dr. C.'s favorable notice of the remedy to employ it among several of the emigrants who had arrived during the past season, confirmed the good opinion entertained by Dr. C.—Dr. Arnoldi, Jr. contended, that the whole mass of blood being charged with the poisonous virus, this application could not be made to any particular portion of the body, without incurring the risk of very much increasing its influence on some other part, or from its astringent quality producing a revulsion to some deep organ. He cited a case in support of his arguments, which had occurred at the Self-Supporting Dispensary.

Dec. 28, 1844.—Dr. MACNIDER in the Chair.

The *modus operandi of ergot* was the subject selected by Dr. M. for the Society's consideration, and in addition to his own opinion, he stated that of Dr. Craig of Paisley, which had appeared in one of the late numbers of the London Lancet. After a full discussion of the merits of this agent in obstetrical practice, Dr. Badgley submitted to the Society the results obtained by chemical analysis by Wiggin, Bonjean and Abbène; and also the opinions entertained of its therapeutic effects, by Messrs. Perdu and Sachero, first published in the Annali Univerali di Medecina, for 1844.

January 24, 1845:—Dr. BIBAUD in the Chair.

Facial Paralysis, in a young lady from the country; all the muscles of the left side of the face had lost the power of motion, the cause was obscure, but it was the opinion of Dr. B. that the exposure of that side of the head to a current of air had been the exciting cause in an individual of a nervous temperament, although she had never suffered from hysteria or other nervous complaint; after the employment of counter-irritation combined with mercury, the Dr. had put her upon a course of Strychnine, and she was recovering gradually.

The proceedings of the Medico-Chirurgical Society of this city, at its last meeting, will long be remembered by us with sincere satisfaction, as proving, that however little such institutions may be as yet appreciated by members of the profession in Montreal, they are looked upon by our brethren in Canada West, as they are admitted by the profession at home, to be *real* objects of value and interest; and 2d. that the Montreal Medico-Chirurgical Society will prove, as we expected, in proposing its establishment, the parent of a general Medical Association for Canada. A letter from the Secretary of the Toronto Medico-Chirurgical Society having been read, expressive of the willingness of the members of that Society to co-operate with our own "in any measures which may be regarded as tending to promote either the mutual interests of these institutions, or the interests generally of the Medical profession in this country;" it was resolved, on motion made by Dr. Badgley: "That the Medico-Chirurgical Society of Montreal accept with great pleasure the proffered co-operation of the Toronto Medico-Chirurgical Society in their endeavours to carry out those general measures for the advancement of Medical Science, the elevation of pro-

fessional character, and the establishment of union and cordial feeling among the members of the profession; the tendency of which cannot but prove of paramount advantage alike to the profession and the public." It was also resolved; that the Secretary be instructed to put himself in communication with the Secretary of the Quebec Medical Society on the same subject.

Verily, most of the prophecies made by us sixteen months ago are about being realized, as will be seen by the contents of this number.

Dr. Macnider has just published his 3rd report of the Montreal Lying in-Hospital, established by himself three years ago; during the past year 62 patients have been received into the institution; several others were refused, from not being fit objects. We are very happy to add, that the subscription list was quite sufficient to meet the disbursements of the year, and we hope that this year's collection will be considerably larger. Many of the students of the College of Medicine availed themselves of this valuable channel for practical instruction; indeed, more applications were made to Dr. M. for cases, than he was able to meet.

SOME REMARKS ON BRONCHOCELE OR GOITRE

BY BEVERLY R. MORRIS, A.B., M.D. OF TRINITY COLLEGE, DUBLIN—PHYSICIAN TO THE YORK DISPENSARY.

This unsightly disease has at all times excited a considerable share of attention, and its origin has been attributed to the action of numerous causes. It is not my intention to enter upon a detail of these causes, (as they may be gathered from any book on the practice of physic,) but shortly to notice what I believe may be considered as a not unfrequent exciting cause of the disease. I believe that we shall generally find bronchocele to be developed in persons of a strumous diathesis, and many of the circumstances under which it has arisen, tend to favour this conclusion; among these I may mention its great prevalence in certain parts of North America before it was cleared of its woods, and its entire disappearance after their removal. This change, so favorable to a free circulation of air, could not but act strongly in improving the tone of the system generally, which must be greatly relaxed and weakened by a constant residence in a damp and close atmosphere of the dense primeval forests of that country. Certainly in this country, a large number of the cases of this disease occur in those with fair skin, and other indications of a strumous habit.

The disease to which I would call attention as an occasional cause of goitre, is rheumatism; and though the rheumatic and strumous diathe-

sis cannot be considered as identical, yet there are points of similitude between them, and they are both occasionally found in the same individual. Indeed, in the three cases which I now bring forward, there were evident marks of the existence of a strumous diathesis.

The first case is interesting also, in another point of view, viz., as exhibiting the constitutional effect of iodine when it was only applied externally. The possibility of this has been denied by some writers, but I have observed its occurrence in numerous cases where the application was continued to any protracted time.

Case 1. *August* 10, 1842.—Mr. R—— aged 45, consulted me for a swelling in his neck, which he attributed to an over-exertion of the organs of voice. The tumour has been coming on for several months, and now gives him, at times, a good deal of pain, both fixed, and lancinating, when swallowing. There is no discoloration. The tumour extends from a little above the thyroid cartilage on the left side to the clavicle; it is oblong, being about an inch and a half wide, and of the length described. It is rather firm, smooth, and elastic. I found that he had been subject to rheumatism, chiefly of the hands, but also of the back part of the scalp and neck. On questioning him closely, I found that the rheumatism had left his hands suddenly when the tumour in the neck first appeared. May not this be rheumatic thyroiditis? The general health and appetite are generally good; the tongue is clean; the bowels are regular. He has a greatly enlarged prostrate gland, which sometimes interferes with the passage of the urine, but is not troublesome at present; he has been under treatment for it, but only with temporary benefit. I only ordered half a drachm of hydriodate of potass in an ounce of soap liniment, to be rubbed into the tumour every night.

Nov. 2. He has continued very steadily using the liniment, but has occasionally been obliged to omit it for a day or two (particularly at first,) caused a good deal of nervous irritibility, and swimming of the head. The tumour in the neck has nearly disappeared; and the enlargement of the prostrate gland is greatly lessened, so much so, that he now feels no inconvenience at all from it.

He continued to use the liniment up to the end of the month, when being entirely cured, it was discontinued.

Case 2. *Sept.* 18, 1842.—Mrs. W———, aged 31, ill ten years, has a bronchocele involving the whole of the thyriod gland. It extends on each side to the angle of the jaw, and is very prominent over the thyroid cartilage, but does not descend below it. It is firm and of even texture; she traces its first appearance to a rheumatic metastasis. She is of a decidedly scrofulous habit. About the time of its

appearance she was worked very hard as a dairy-maid. It has always been much larger during attacks of rheumatism, to which she has been very subject. The other glandular structures appear healthy; the general health is good.—*R. potassæ hydriodatis zss, linimenti saponis zj. M. Fiat linimentum, tumori semel in die applicandum.*

Nov. 17. She has derived very considerable benefit. The tumor is smaller and softer ; the skin over it is much wrinkled.—*Pergat.*

CASE 3. *January* 30, 1843.—Mrs. S———, aged 44, ill four months. There is a general swelling of the thyroid gland to some extent. She says it enlarges most at the catamenial periods, and when an attack of asthma comes on, to which she is very subject ; she has had repeatedly attacks of rheumatism, but cannot trace the disease to that cause.—*Ordered iodine internally as well as externally.*

Though in this case the connection between the rheumatism and the enlargement of the thyroid gland was not traced, yet I introduce it because of their co-existence.

Cases bearing upon this question might be easily multiplied, but I trust those I have brought forward may be thought sufficient to prove the position I have laid down ; and to possess enough of interest to induce others to turn their attention towards the subject of rheumatism, as an occasional exciting cause of goitre.—*London and Edinburgh Medical Journal.*

YORK, June, 1844.

ANTIDOTE TO PRUSSIC ACID.

Messrs. Smith have experimented on prussic acid, and have found that a sulphate of iron, consisting of four proportions of the per-sulphate, and three of the proto-sulphate, combined with a proper proportion of an alkaline carbonate, will neutralize hydrocyanic acid, the resulting compound being the insoluble Prussian blue. 210 grains of the salt of iron, and 144 grains of the carbonate of potash are required to neutralize 56.8 grains of real prussic acid, but they recommend that when used as an antidote, not less than three times the theoretical quantity should be given, as from the presence of food, mucus, &c., in the stomach, it is improbable that the antidote would mix immediately with the poison at every point ; so that to render the action more certain, a large excess is advisable, more especially as this would be attended with no evil consequences, as the only effect that could follow an excess, would be the formation of sulphate of potash, and an insoluble mixture of proto-carbonate and peroxide of iron. Should there be reason to believe that the stomach contains much free acid, which might interfere with the decomposition of the salt, a dose of magnesia should precede the exhibition of the antidote, but not otherwise.—*Med. Times, Oct. 12, from Lancet.*

TREATMENT OF PLETHORA BY SALINE MEDICINES.

"The treatment of plethora is often not nearly so easy as that of anæmia. In many cases it will not suffice merely to abstain from animal food, and to drink large quantities of simple cooling beverages, in the hope of attenuating and impoverishing the condition of the blood. Then, again, the effects of bloodletting are generally only transitory; and, moreover, the very loss of blood seems not unfrequently to induce a more active proportionate formation of it. On the whole, the use of saline laxatives, and of the hydrochlorate of ammonia (sal ammoniac,) seem to be the most useful means that can be employed for the relief of plethora, when it gives rise to inconvenient symptoms.

"Dr. Lheritier, in his recent treatise on pathological chemistry, informs us that he has found that the proportion of the red globules in the blood of rabbits was decidedly modified by the internal use of this salt, in the course of two or three weeks.

"The nitrate of potash has similar effects; so also have the alkaline subcarbonates, and the liquor potassæ itself. Perhaps the latter is, on the whole, the most efficient impoverisher of the blood, provided, also, the diet is spare, and not too nutritious, and all malt liquors are avoided."—*Medico-Chirurgical Review.*

ASTRINGENT REMEDIES.

The following are the results of Dr. Gottschalk's experiments, as regards the astringent power of the sulphates of copper, zinc, and iron; acetate of lead; alum; sulphuric, muriatic, and nitric acids; creosote, &c. 1. The strongest astringents, as alum, acetate of lead; sulphate of iron, lose much of their constrictive powers, if employed in a liquid form. 2. The liquid form, counteracting astringency on the one hand, causes, on the other, a relaxation of the animal tissues, and thus affords an easier ingress to foreign matters. 3. The acids (muriatic and sulphuric) possess no constrictive power, beyond making the tissues a little denser. The vegetable astringents, according to the author's experiments, do not merit this designation. His experiments, performed with decoct. querc., ratanh., gall. turcic., &c., prove: 1. That the above remedies display no constrictive effects, if used in a form, in which they are prevented withdrawing the water from the tissues with which they come in contact. 2. They are the less constrictive, as they are received with greater facility into the organs (as in a liquid form,) thereby increasing the density and bulk, but without constricting the parts. 3. If we except substances, which cause contraction by their action on the nervous system (as strychnine,) we possess no vegetable constrictive agents, but merely exsiccatives and refrigerants.—*Dr. Gottschald in Schmidt's Jahrbucher.*

BATHS AND WASHHOUSES FOR THE POOR.

A public meeting has been held in the city of London, under the presidency of the Lord Mayor for the purpose of forming an Association to furnish the labouring poor with Baths and Washhouses. The intention, as stated by the Bishop of London, is, that the workingman shall have a bath to himself, where, at a price within his means, he may perform his ablutions in private ; and that his wife may have a public washhouse to resort to, where for the washing of her family's clothes, she will be supplied with hot and cold water, tubs and other conveniencies, at the rate of 1d. for every six hours—besides the use of a drying-room, furnished with all necessaries. A similar establishment, on a limited scale, has been for some time in operation in the town of Liverpool, and with such manifest benefit, that the corporation have determined to extend the system. We are friends to all proposals of the kind in favour of the working man ; and we think that charity has got upon the right track, when she gives in forms that raise the moral man, while they comfort the physical.—*Athenæum.*

VICARIOUS MENSTRUATION.

Dr. A. Forget communicated to the *Societé Medicale d'Emulation*, the following curious fact :—Miss ——, ætat 16, dark hair and eyes, general health good, menstruated for the first time at 15, since which period, the catamenia came on regularly every month, without pain, and lasted four days. On the 27th of March, 1844, two hours after their apparition, a fright caused them to cease suddenly. The next day, intense cephalalgia declared itself ; face red and heated ; continual drowsiness ; throbbing of the heart to an unwonted degree ; anorexia, &c. 1st April : Miss —— experienced considerable difficulty in opening the right eye, accompanied with the sensation of a foreign body under the lids, and spots of blood were soon after observed on the corresponding cheek. During the day, at different times, hæmorrhage took place from the inner canthus, the blood being of bright red, flowing, tear-like, drop by drop, On the succeeding days, it transuded, not only from the conjunctiva, but likewise from the skin covering the right cheek, the nose, chin, and back of the hand ; once only from the meatus auditorious externus, the scalp, and the tongue. No precursory symptoms were manifested, except those already mentioned. The parts from which the blood escaped, may be classed as follows :—chin and nose ; inner canthus ; back of the hand ; meatus auditorius ; scalp, and tongue. The hæmorrhage ceased as soon as the patient went out, and the whole time it lasted, its consistence, color and temperature of the skin, were in their normal condition. On the 15th April, violent

colics declared themselves, which ceased as soon as the patient had evacuated a tumblerful of liquid, florid blood. Finally, in the beginning of May, the catamenia appeared as usual. The treatment employed consisted in mustard foot baths, fumigations of an infusion of artemisia vulgaris ; fourteen enemas of warm water, and, an infusion of artemisia vulgaris.—*London Medical Times.*

MEANS OF ARRESTING HÆMORRHAGE FROM LEECH BITES.

M. Morand has lately proposed the following plan for arresting hæmorrhage from leech bites:—He forms a small ball, of a mixture of olive oil and yellow wax, six parts of the first to one of the last, and after wiping the blood from the wound, he rapidly applies it to the bleeding orifice. Pressing on it with his finger, he then spreads it around. If adhesion does not immediately take place, and the blood continues to flow, he adds a sufficient quantity of the oily mixture to form a cake, two-thirds of an inch in thickness, covering all the leech bites. The first time M. Morand tried this plan was on a child four years of age, attacked with pleurisy, who had had ten leeches applied to the chest. Several of the leech bites continued to bleed in spite of the various remedies that had been tried. The oil and wax mixture at once arrested the hæmorrhage.—*Journal de Méd.*

MANUFACTURE OF CASTOR OIL IN THE WEST.

Dr. Drake, in his Travelling Letters, gives the following account of the growth and manufacture of this important article in some of the western and other States.

"To pass from geography to pharmacy, I must tell you something about the manufacture of castor oil in this city, (St. Louis) and some of the neighboring parts of Illinois. It seems to have been commenced by Mr. Adams, of Edwardsville (Peck's Gazetteer,) about twenty years ago. The produce of the first year was 500 gallons, which he was then enabled to sell at $2,00 a gallon. In 1831, he made 10,000 gallons, which he sold at 75 cents. From a gentleman of this city, who owns a steam oil press, I have some additional statistics of this important manufacture.

"According to his statement, the quantity now manufactured in Illinois and Missouri, is above 100,000 gallons a year ; which is the produce of from 8 to 10,000 acres of land. The crop varies from 10 to 15 bushels an acre, each bushel yielding about 2 gallons of oil. Its price ranges from 72 cents to $1 a gallon. In these latitudes the crop is somewhat uncertain, being liable to injury from long-continued droughts and early frosts. Indiana, Virginia and New Jersey furnish,

together, from 25 to 30,000 gallons a year: Tennessee as much, perhaps, as she consumes. The castor oil bean flourishes well in Mexico and the West Indies, but the importation of oil is greatly diminished from what it once was; at the same time the price is much reduced, and the quality greatly improved.—*Boston Medical and Surgical Journal.*

ACTION OF LIGHT ON VEGETABLES.

From a paper by Dr. D. P. Gardner, of New York, on this interesting subject, to which Dr. Draper has given much attention lately, we copy the following conclusions to which he has arrived. The paper referred to was first published in the American Journal of Science and Arts, and has also been printed or discussed in the London Philosophical Magazine, the new Edinburgh Philosophical Magazine, and the Bibliothèque Universel de Genève, and was reported favorably upon in the French Academy of Sciences.

"In conclusion, it appears that the following facts have been established.

"1st. That chlorophyl (the green matter of leaves) is produced by the more luminous rays, the maximum being in the yellow.

"2d. This formation is due to pure LIGHT, an imponderable distinct from all others.

"3d. That the ray towards which plants bend occupies the indigo space of Fraunhofer.

"4th. This movement is due to pure LIGHT as distinguished from *heat* and *tithonicity.*

"5th. *That pure* LIGHT *is capable of producing changes which result in the development of palpable motion.*

"6th. The bleaching of chlorophyl is most active in those parts of the spectrum which possess no influence in its production, and are complimentary to the yellow rays.

"7th. This action is also due to pure LIGHT.

"We have, therefore, an analysis of the action of every ray in the luminous spectrum upon vegetation. The several effects produced are not abruptly terminated within the limits of any of the spaces, but overlap to a certain extent, a fact which coincides with our experience of the properties of the rays. Whilst *heat* and *tithonicity* are capable of causing the union of mineral particles, *light* appears to be the only radiant body which rules pre-eminent in the organic world. To the animating beams of the sun we owe whatever products are necessary to our very existence."—*Ibid.*

NEW FILLING FOR TEETH.

By imitating, as nearly as possible, the constituent principles of the enamel of teeth, M. Ostermaier has obtained a compound, which at first soft, becomes hard after its introduction into the cavity of a decayed tooth, so that hollow teeth thus filled serve as well as sound teeth for mastication.

This compound is prepared as follows: mix quickly thirteen parts of pure and finely powdered caustic lime, with twelve parts of anhydrous phosphoric acid. This powder becomes moist during the mixture, and in this condition it is to be introduced into the cavity of the tooth, previously dried; and the surface moulded of the proper form. The mixture gradually changes into phosphate of lime, and becomes dry and very solid. It must be used within one or two minutes after being mixed. It remains to be seen whether its duration will correspond with its other advantages.—*Gazette des Hôpiteaux.*

CAMPHOR A PRESERVATIVE OF ERGOT OF RYE.

By JOHN N. SIMPSON, M. R. C. S., &c.—I was not a little surprised to read some remarks by Mr. Rawle, stating camphor to be a preservative of ergot of rye. I can only say that I have been in the habit of using it for the last nine or ten years, but not exactly in the manner described by him. I order the camphor to be *mixed* with the powdered ergot, in the proportion of a grain in every scruple. By this means I think the camphor is more intimately diffused throughout the whole than can possibly take place by the plan proposed by Mr. Rawle. I do not give this either as a new, or, indeed, my own discovery; for I adopted the method by having seen it in the practice of Mr. Spurgin, an old practitioner also, at Saffron Walden, and from whom I have every reason to believe that your correspondent also obtained the same information, he having been engaged in the same gentleman's practice.—*London Lancet.*

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Edited by Francis Badgley, M. D., and William Sutherland, M. D.

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ON DIABETES MELLITUS.

BY DR. VON IFFLAND.

FEW diseases have more excited the particular attention of Physicians, and have more frequently been made the subject of particular enquiry, than Diabetes Mellitus.

It is a disease, the nature and causes of which are so obscure and uncertain, that the most accurate Physicians have been unable to determine them ; and so obstinate in its resistance to almost every mode of cure, that every means, which long experience has ever recommended, or theories suggested, have failed.

It may, however, be observed that several important circumstances, as are well known to the body of general Practitioners, induced the late Dr. Rollo, holding high rank in the Ord. Medical Department, to publish the result of his experience and observations on this interesting disease ; and whatever opinion may be entertained of his theory, till now unconfirmed by the concurrent testimony of other eminent Physicians, the well attested facts he adduces are certainly entitled to great attention, and also confer a considerable degree of value on his labour.

The symptoms which generally characterise this extraordinary disease, are, excessive thirst, voracious appetite, tongue white and moist, saliva frothy and sweet, countenance florid, skin dry and cold, pulse weak ; great sense of pain after eating ; gums reddish, and bleeding from the least friction, and a *great discharge of urine*, which by evaporation may sometimes produce about an ounce and even an ounce and a half of saccharine matter to every pound evacuated, tenacious and of the consistence of wax—strongly smelling of molasses, and which extract is well known, when mixed with Nitrous Acid, to produce the Oxalic Acid, and which, in appearance, smell and taste, can scarcely be distinguished from honey. These symptoms I have, however, seen to vary much in certain cases, particularly the tongue, which is sometimes found very foul, with bright scarlet edges, and the salivary excretions,

mawkish, sweet and sour—the urine, at times, very pale, and at others, of a pale straw colour—and the skin slightly hot.

Two views generally present themselves to the Physician, viz : the one as depending primarily on a changed process in digestion, and, the other, on a primary action and condition of the kidneys—on the former one, Dr. Rollo, depended entirely, and established his treatment accordingly ; confirmed in that opinion, by the appearance of the stools, the taste of the salivary discharge,—the phenomena of the blood, and the wasting of the general system—these, he thinks, mark a general disease, depending on a changed and peculiar state of the stomach, by which sugar or matter possessing saccharine properties is copiously formed with a defect of assimilation.

The serum apparently containing less saccharine matter than the urine may depend, he supposes, on the power of the kidneys in separating saline substances ; and, that the action of the kidneys becomes increased from the stimulus—the painful state of the kidneys is attributed to the long continuance of this increased action. The object of the treatment, therefore, was to destroy the saccharine process going on in the stomach—to promote a healthy assimilation—to prevent a supposed increase of absorption by the surface—to diminish the increased action, and to change the imagined derangement of the kidneys. To answer these indications, a Diabetic patient, of high military grade, appears, with all the symptoms of the disease,—a diet of animal food was strictly enjoined—total proscription of every vegetable substance, —a drachm of Potassæ sulphuret to be taken daily—the skin to be anointed with Hog's lard—exercise to be avoided—antimonial wine with opium to be taken at night—an ulceration, about the size of half a crown to be formed opposite to each kidney—and, the bowels to be kept open by Aloes and Soap. This plan was pursued, with some trifling variations, for five months, when the patient was considered as perfectly cured.

This, with another case, less favorable in its result, seems to have drawn the laborious and industrious Doctor into many general and comparative inferences, and upon which were formed his practical and theoretical conclusions so far back, as fifty years. Yet, from these, we can scarcely arrive at the general conclusions of himself and his contemporary converts, *That the Diabetes Mellitus, is so far understood, as to be successfully cured.*

From the experiments, however, of the late Mr. Cruickshank on sugar, and even of Abernethy, we are led to the utility of the remedies employed on Dr. Rollo's principles, and particularly, such pure Alkalies as cannot but counteract the formation of saccharine matter in the stomach ; and, the necessity of a diet, consisting entirely of animal food.

The most respectable Reviewer, at the time Dr. Rollo's work was submitted for his critical analysis, expressed a conviction, that the Doctor's history of the disease was, undoubtedly, the best and most accurate that we were in possession of. The circumstances, whether making for, or against the author's theory, are related with the greatest fairness and candour. Relying on this disposition, then, we shall not scruple to confess, that, notwithstanding the variety of the facts, and the great probability they undoubtedly afford to the theory, we feel

considerable difficulty in according with his opinion. We are far from thinking that the question, respecting the primary seat of the disease, is satisfactorily determined, in favor of either hypothesis. Many facts, and much attentive observation are wanting to decide this point. From the most attentive consideration of all the circumstances, the weight of evidence appears to lean in favor of the supposition of Diabetes depending on a primary affection of the kidneys; others, no doubt, as facts happen to strike them, will join the author in his conclusions. The final determination of the question must still remain *sub judice*.

That there is considerable affection of the kidneys in all instances of the disease, has been allowed. (In two post mortem examinations, wherein I chiefly directed my attention to the state of the kidneys, I found them much enlarged and lax and also, producing a strong sour smell.) The intimate connexion of the stomach and kidneys is well established, and, that an affection of either should occasion irregularity in the action of the other, can be easily conceived. So far, therefore, the irregularities of appetite and digestion, may as well depend upon kidney affection, as the contrary. The dry tongue, and other marks of increased action in the system, are also referable to a morbid state of the kidneys; and this could not be inconsiderable, if it was sufficint to excite pain, and a sense of uneasiness, not in the loins only, but through the whole course of the urinary organs. With respect to the production of Sugar in Diabetes, the question is, where is it formed? If in the stomach, then ought it to be evident in what is thrown up, at a certain stage of digestion; which has never been shewn. If the kidneys merely separate it from the blood, along with the other saline matter, the serum of the blood should shew it more strikingly than it ever appears to have done. There can be no difficulty in supposing the kidneys capable of forming or secreting sugar, under a peculiar action. We find the breasts separating, or rather forming this substance copiously: it is not probable, as has been supposed, that the milk is a portion of the Chyle merely, for milk is secreted freely long after eating; and, there is a considerable difference in the properties of the two fluids. Is not the milk of carnivorous animals as sweet as that of the herbivorous tribe? Is a diseased state of the kidneys ever produced by large quantities of sugar being taken as food, as is the case in the West Indies—and, does the urine in such cases contain sugar. These questions, if answered, would probably throw some light on the subject.

I have so far extended my observations—observations, for which in a great measure, I remain indebted to others. It is, however, a disease so fatal in its consequences, and so baffling to the application of the attributes of our exalted Science, that I almost despair of offering any strictly remedial suggestions. Yet, this extraordinary disease having proved fatal to a very near friend,—a personage, the most illustrious and popular throughout the British nation, my attention has been engaged for upwards of twenty-five years upon the subject.

I shall now proceed to offer one or two cases, out of a great number which have fallen under my immediate care—and bearing as nearly as possible to the indications of a favorable result. These, I shall also premise by a few observations.

(*To be continued in our next number.*)

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

GENTLEMEN,—In compliance with your request, I have the pleasure of furnishing you with notes of two cases of Ramollissement of the brain, which I related at a meeting of the Medico-Chirurgical Society. The subject is one full of interest, and still in much obscurity, although considerable light has been thrown on it, by the researches of recent pathologists.

I am, Gentlemen,
Your obedient Servant,
J. CRAWFORD, M.D.

St. James' Place, 20th Feb. 8145.

Mr. C. a young gentleman 17 years of age, tall and thin, of particularly quiet and temperate habits, and generally in the enjoyment of good health; but occasionally liable to headach: received a blow on his forehead, from a light piece of wood, which was swinging from a part of the apparatus in a Gymnasium, on the 17th of January last.—He felt slightly stunned for the moment, but was not knocked down; a headach followed immediately afterwards, to which he did not pay much attention; next day (although the headach still continued,) he visited the gymnasium, but did not feel himself equal to take part in the amusements; on the 19th he went for a short time on snow shoes; the exercise, however, increasing the headach, he soon returned home. On the 20th he took a dose of salts, which he supposed turned his stomach, as vomiting came on, and returned at intervals during that day; next morning, the headach continuing with irritability of stomach, I was desired to call and see him; he then complained of headach, principally in the forehead, and left temple, of a throbbing character, aggravated by even a slight noise, intolerance of light, and some degree of nausea, skin cool, pulse 60 small, pupils natural, countenance not indicating any suffering, and free from flushing, or unusual heat. He got calomel grs. X, and was desired to apply cold water and vinegar to his forehead; 22nd, did not sleep much in the night, the headach and pulse as before. Infus., Senna-c., Mag. sulpt. oz. ij., 2nd quaque hora ad effect, applic hirudines vi. tempori sinistro, et vesicat, nuchœ; 23rd, some relief from the headach, which was only transient, pulse 60, repetantur hirudin 12. tempori; the calomel in doses of gr. vi. was ordered every 4th hour, his hair to be cut short, and the cold applications continued, as the temperature of the head was rather above the natural standard; no febrile indications, nor thirst, countenance at ease, pupils irritable, but not contracted, felt his head light, and himself weak, when he got out of bed; 24th, passed a quiet night, but did not appear to sleep much, pulse only 46, small, weak and unequal, skin cool, headach as before, bowels confined. Doctor Campbell saw him with me to-day. Several attempts were made to get blood from his arm, but in consequence of the smallness of the veins and languidness of the circulation in the superficial vessels, scarcely any was got; in like manner opening the temporal artery was in a great measure ineffectual, leeches were repeated to the head, which was shaved; sinapisms to his legs, and the calomel continued every three hours, with small quantities of nitrate of potash, a drop of cro-

ton oil was also given, which freely opened his bowels; 28th, there was little change during the day, in his symptoms, or treatment, his pulse being about 60—the heat of his head and intolerance of light rather increased, the calomel, leeching and cold applications were persevered in; 26th, he appeared much better, some saline aperient medicine being all that was given to-day; in the night he was worse, head hot, face flushed, raved occasionally. 27th, pulse 60, unequal and small, pupil contracted, face flushed; could not make known his wants so readily, and complained that he forgot words,—several sinapisms were applied to his limbs, and while they were being taken off, he had a short but strong rigor, the calomel in doses of a scruple every four hours, and the leeches to be repeated as before; during the day he lost the power of articulation, although he was, however, perfectly intelligent, and understood, and did every thing required of him; he also appeared to lose the power of protruding his tongue, although he moved it freely in his mouth, a slight convulsion of the muscles of the left side of his face appeared for a short time,—the pulse rose to 100, and became fuller, the circulation in the temporal artery strong,—36 leeches had been applied, during the course of the day; about ten ounces of blood were now taken from the temporal artery—these means appeared to produce a decided good effect, pulse fell to 80, and assumed a more natural character; he slept better during the night, and next day he appeared to be going on well, and in the evening was so much improved, that good hopes of his recovery were entertained, when about 11 o'clock p. m. he was seized with a violent convulsion, after which his right side became hemiplegic, and for some time the flexors of the right leg were in strong spasm, causing him much distress, he slept little during the night, vomited several times a quantity of green fluid, and passed his motions under him, hiccup occasionally troubled him, some thirst, pupils rather dilated; he still however appeared conscious, and sensible; during the night a sinapism was put on the epigastrium, and blisters on the temples. He continued much in the above described condition, till 5 p. m. of the 30th, when he died.

On opening the calvarium, the vessels of brain were found very turgid with blood, and a considerable effusion of lymph appeared under the arachnoid membrane, which in several limited places had a puriform appearance; the substance of the brain was generally firm, and very vascular, the ventricles did not contain any unusual quantity of fluid; about two ounces of bloody serum escaped when the brain and cerebellum were removed from the cranium; in the left anterior lobe of the cerebrum, a large reddish brown mass resembling in colour port wine was observed, the substance of the brain in immediate contiguity being soft, and streaked of different colors, varying between yellow, reddish, and the natural appearance. The red mass which on a superficial view appeared like a clot of effused blood, on closer inspection, proved to be blood still confined to the vessels, which when torn, gave out their contents, in minute drops; the mass appeared also capable of being (as it were) unravelled, not unlike the substance of the testes.—The preparation when put into spirits, lost much of the character of ramollissement, but still retains many interesting and distinctive characters. Surrounding the red or brownish mass, several portions of the brain are occupied by petechial or haemorrhagic patches, like purpura

haemorrhagica, the vessels still confining their contents and showing thro' the white medullary substance, others appear to exhibit a granular appearance. The lower surface of the affected portion of the brain which rested on the sphenoid and frontal bones, felt soft to the touch, like as if an abscess occupied it, and a spot of puriform looking effusion, larger than those on the superior surface of the hemispheres, was observed under the arachnoid in the sulcus, which divides the left anterior from the middle lobe.

We have in the above case a most satisfactory proof of the occasional origin of ramollissement in acute inflammation; the direct and immediate consequences of the injury (altho' slight) continuing their fatal course, till the autopsy exhibited unquestionable pathological evidences of arachinitis, as well as of ramollissement of the substance of the brain, these conditions were not indicated by the character of the pulse, or animal temperature, which if depended on as diagnostics would not have suggested a sufficiently active antiphlogistic plan of treatment.

A case of a more chronic character occurred a few years ago in a man about 30 years of age, stout and full person, and short neck, the purser of a steamboat, steady and temperate in his habits. He had been subject to Epileptec attacks for five years, which was an hereditatary complaint in his family ; 7 or 8 months previously to his death, he had suffered much from a severe and constant headach, principally in his forehead and temples, and for the last four months, his eye sight had been failing, the left eye being first affected ; about a month after he observed his sight failing, his hearing also became dull, these affections were both subject to occasional exacerbations. At the time I first saw him, he could scarcely make his way from the defect of his sight, and he was so deaf that he required to be spoken loudly to, in order to make him hear; his gait was tottering, his countenance dejected and stupid looking, brows frowning, his memory considerably impaired, and he found much difficulty in recollecting words, often using wrong ones, of which he was fully sensible, pulse and respiration natural, no throbbing of the temporal arteries, nor apparent determination to the head, appetite good, and his tongue clean.

The impossibility of his making himself understood, obliged me to learn his history from one of his relations, when I found he had been under an occasional, but inefficient treatment. He was freely cupped, and took an alterative, apparently with manifest benefit. This treatment was only repeated three times, when he found his headach nearly quite gone, his hearing much improved, and his sight so good, as to enable him to distinguish letters, for some days subsequent to this, the treatment was discontinued, when his symptoms becoming worse, it was again had recourse to, with the same marked beneficial effects, and he was so much improved, that on the night previous to his death, (about a fortnight after I first saw him,) he played cards with his family the whole evening, and *also indulged in a hearty supper of beef steaks.* In the night he was seized with severe pain in his head, which continued during next day, accompanied by vomiting; his temporal artery was opened, and an emetic given, with slight benefit; towards evening he grew worse and became in some degree insensible,

the cupping was repeated, and sinapisms applied to his legs.—He died a few hours after, without a struggle.

The autopsy showed the vessels of the brain and meninges, very turgid with blood, a small spiculum of the bone was attached to the falx, about two ounces of fluid in the lateral ventricles, the right one being much distended, the pes hippocamp of that side hypertrophied apparently to twice its natural size. The left anterior and middle lobes of the brain very soft, and of a mixed reddish color, like some putrid muscle, the cortical and medullary portions being in a great measure blended, or confounded together; the convolutions of these lobes appeared separated and unravelled. A portion of the diseased anterior lobe pressed on, and appeared, united to the decussation of the optic nerves, a small hydatid was found in the substance of the posterior lobe.

It is curious that with the extensive ramollissement which existed, there was neither convulsion, nor paralysis of any of the muscles, with the exception of the general tottering, which was only occasional, the difficulty of expressing himself depended entirely on the defect of memory—which was a remarkable phenomenon in both of these cases.

MESMERISM—MISS MARTINEAUS'S CASE.

[The following, from the London Lancet, exhibits the opinion of the editor of that work respecting Miss Martineau's case, and also a portion of her own statement.]

"After the unequivocal, and almost unprecedented, exposure to which the fraud of mesmerism was subjected, under our own immediate guidance and inspection, we did not consider that it would again be necessary to notice such a piece of arrant trickery and scandal in our columns; but a proper feeling of gallantry demands that we should not pass unnoticed the literary production with which that well-known lady, Miss Martineau, has favored the profession and the public, in the number of *The Athenæum*, journal of literature, for November 23rd. Miss Martineau, it appears, has long been an implicit believer in the powers of "mesmerism," and yet omitted to resort to that art for aid, although laboring, as she believed, under an incurable disease, during a confinement to her room of four-and-a-half year's duration—a circumstance which seems to us to be entirely inexplicable, and renders the statement of her sufferings for so long a period, and her firm belief in the efficacy of the remedial agency of mesmerism, utterly inconsistent and irreconcileable. If Miss Martineau had been considered to be a quack in politics and literature, her present performance might have been regarded as unworthy of attention. It might have been considered, that in producing the essay now before us, she had not manifested any unusual extravagance of thought, pretension, or feeling. But, inasmuch as she has attracted much notice, and the opinions of the world are strongly divided as to her mental and literary labors, we apprehend that her recent performance in mesmerism will be attended with a different result, and that only one opinion will, or can prevail concerning its true nature and

objects. To the sober judgment then of our medical readers, we commit the following extracts from an essay on mesmerism, by an aged maiden lady :—

"One very warm morning in August, when everybody else was oppressed with heat, I was shivering a little under the mesmeric influence of my mind—the influence, in those days, causing the sensation of cold currents running through me, from head to foot. 'This cold will not do for you, ma'am,' said M. 'O!' said I, 'it is fresh, and I do not mind;' and immediately my mind went off to something else. In a few minutes I was surprised by a feeling of warm water trickling through the channels of the late cold. In reply to my observation, that I was warm now, M. said, 'Yes, ma'am, that is what I am doing.' By inquiry and observation, it became clear to me, that her influence was, generally speaking, composing, just in proportion to her power of willing that it should be so."—*Athenæum*, No. 891, pages 1071 & 1072.

"As the muscular power oozes away under the mesmeric influence, a strange inexplicable feeling ensues of the frame becoming transparent and ductile. My head has often appeared to be drawn out, to change its form, according to the traction of my mesmerist, and an indescribable and exceedingly agreeable sensation of transparency and lightness, through a part to the whole of the frame, has followed.—Then begins the moaning, of which so much has been made, as an indication of pain. I have often moaned, and much oftener have been disposed to do so, when the sensations have been most tranquil and agreeable. At such times, my mesmerist has struggled not to disturb me by a laugh, when I have murmured, with a serious tone, 'Here are my hands, but they have no arms to them:' 'O dear! what shall I do? here is none of me left!' the intellect and moral powers being all the while at their strongest. Between this condition and the mesmeric sleep there is a state, transient and rare, of which I have had experience, but of which I intend to give no account. A somnambule calls it a glimmering of the lights of somnambulism and clairvoyance. To me there appears nothing like glimmering in it. The ideas that I have snatched from it, and now retain, are, of all ideas which ever visited me, the most lucid and impressive. *It may be well that they are incommunicable*—partly from their *nature* and *relations*, and partly from their *unfitness for translation into mere words*. I will only say that the condition is one of no 'nervous excitement,' as far as experience and outward indications can be taken as a test. Such a state of repose, of calm translucent intellectuality, I had never conceived of; and no re-action followed, no excitement but that which is natural to every one who finds himself (query, *herself*) in possession of *a great new idea*."—*Idem*, page 1072.

[The following letter from Dr. Robert Hull, of Norwich, where Miss M. resides, has more recently appeared.]

"This admired writer has, however, thought right to announce her case publicly as one of successful mesmerism—and the interests of truth and society compel the antagonists of this medical heresy to analyze, so far as possible, the history, and falsify the conclusion, that, because the patient is well, the mesmeric aura hath effected her cure. Now, although the laudable delicacy of this extraordinary lady hath

suppressed the details of her malady, yet I have a right to assume that the circulated whispers were well founded, and that the malady was abdominal tumor. Here (in Norwich) this celebrated author is so well known that her age can be no secret; and her amiable and simple character would render her careless to conceal it. And she will not be surprised, therefore, nor angry, if she is told, that she has been laboring under the climacteric disorder of her sex; that this often produces a physcony of the abdomen, with oppression and universal languor; that in such circumstances the single woman is terrified with ideas of cancer, dropsy and organic diseases; the married lady fancies she is about to multiply the species, and her fond husband provides a doctor and the nurse. A case of this kind is reported in the person of a Mrs. Trunnion, by Dr. Smollet; and instances of the first-named deception in spinsters are daily occurring. But nature goes through her proceedings; the abdominal tumefactions subside; and when the climacteric period has passed, women often enjoy better health and longer life than the other sex. In this particular case of our popular townswoman let not the mesmerizer triumph! The success was due to the natural process, aided by the vigor obtained from faith and hope. Hence energy, exercise, air, *omission of opiates*—and it seems to me that this delightful result would have been earlier effected—I mean the natural cure—had not the patient become, from her own confession, a complete opium-eater. She had poisoned herself for years with this exterminating drug. To conclude: my firm persuasion is, that this vaunted case is one of thousands, in which the mind has relieved the body from *functional*, not organic, disorders; while ladies of a particular age will do well *not* to applaud Mesmer for the cure of their peculiar symptoms, which time and the physician will generally cure, unless baffled by pernicious treatment; and that young ladies should be especially careful to eschew this revived foolery, which in many instances hath created, instead of relieved, tumors of the abdomen."

A MESSIEURS LES ÉDITEURS DE LA GAZETTE MÉDICALE DE MONTRÉAL.

MESSIEURS,—Sachant par avance, votre obligeance à élucider tous les sujets d'embarras professionnels qui vous sont soumis, je prends aujourd'hui occasion de soumettre à l'impression, dans votre intéressant Journal, les quelques réflexions suivantes, en vous priant de donner toute l'expansion possible à chacune de vos remarques; si toutefois vous trouvez la teneur de cet écrit digne d'insertion.

Vous obligerez, infiniment
Votre obéissant serviteur,
ED. BOUDREAU, M. D.

1°. Que doit faire l'accoucheur dans une présentation du bras, en totalité, hors de la vulve, avec portion du cordon ombilical, lorsque les contractions utérines se succèdent bien rapprochées et que la femme a sa pleine vigueur.

2°. L'accoucheur doit-il temporiser pendant huit à neuf heures

dans l'attente de quelque changement dans la présentation, ou procéder à l'accouchement *par version*, après ample connaissance de la position fœtale in-utero, surtout à la suite d'une hemmorrhagie abondante ?

3°. Des suites d'une hemmorrhagie d'environ trois livres, s'opère-t-il un relâchement dans l'appareil musculaire de l'Uterus ? et de là n'est-il pas à présumer que le col utérin soit assez dilaté ou dilatable, pour permettre l'introduction de la main, et tenter de suite la version ?

4°. N'est-ce pas de l'impéritie ou du cynisme le plus grossier, que de décider d'accord avec une sage-femme, qu'il n'y a que la *Craniatomie* ou le démembrement de l'enfant, dans un cas de cette nature après avoir épuisé, suivant eux, toutes les autres ressources que fournit de nos jours, la science des Accouchemens ?

Ne se croit-on pas, pour un instant, à de telles suggestion, au centre de l'ignorance la plus littérale des vieux siècles, où l'on n'envisageait qu'avec effroi une telle présentation, et persuadés qu'on ne pouvait délivrer la femme sans mutiler le fruit, on tordait, on morcelait inhumainement l'extrémité dans son articulation ?

5°. Je vous demanderai s'il est logique de croire et de décider que la Craniatomie soit faisable dans une présentation du bras ?

6°. Peut-on redouter des suites fâcheuses, résultant de la version, lorsque les manœuvres ont été des plus soignées, l'accoucheur n'opérant les évolutions *in utero*, que d'après l'asurance de la malade elle-même, qu'elle ne souffrait nullement et qu'elle avait toute la force nécessaire ?

7°. Peut-on présumer une rupture de l'Uterus, lorsqu'après être débarrassé de son contenu, il y a parfaite contraction dans tout le globe uterin, la manipulation en donnant la certitude ?

8°. Ne doit-on pas avec plus de raison appréhender les suites de couche, comme cause mortelle, la malade étant couchée dans un appartement bien froid, pâle, froide et vertigineuse sans douleurs aucunes ?

9°. Etait-il prudent d'administrer des opiates dans l'état precité de la malade, et de l'abandonner ainsi aux soins de gens sans expérience, sans restaurants quelconques ?

Quels dangers peuvent résulter d'une mauvaise administration d'opium dans des cas d'inertie de l'Utérus ?

Malbaie, ce 11 Février 1845.

A Ed. Boudreau Ecuier, M. D.

Monsieur,—En réponse à votre communication contenant plusieurs interrogations en référence à ce que l'accoucheur doit faire dans un cas de " présentation du bras en totalité hors de la vulve " avec protrusion du cordon ombilical " etc. etc.

Nous avons a remarquer que toutes les autorités de renommée disent qu'il faut délivrer par les pieds, et cela aussitôt que possible,

surtout si la pulsation du cordon est encore sensible. Mais nous présumons d'après les faits contenus dans vos interrogations que non seulement la pulsation dans le cordon avait cessé, mais aussi, les eaux avaient été entièrement évacuées, en autant que vous ajoutez que " les contractions utérines se succèdent bien rapprochées." Il est un fait à l'égard des contractions utérines dans tels cas, c'est que l'utérus n'étant plus distendu par la liqueur amnii, il reste, dans un état de forte contraction, même pendant les intervalles des douleurs contractiles.

Denman en 1772 a remarqué que dans certains cas rares il arrivait ce qu'il nomma " l'évolution spontanée du Fœtus " par lequel dans un cas de présentation du bras les fesses descendaient dans le bassin ; et plus récemment en 1811 le Docteur Douglas a fait la remarque, et le Dr. Gooch l'a plus récemment corroborée que " l'évolution spontanée, " de Denman est plutôt une " expulsion spontanée," car ils disent que dans tels cas le bras ne monte pas, au contraire, il avance aussi bien que l'épaule sous l'arcade pubienne, le côté du thorax se forçant sur le perinée " et se montrant de plus en plus extérieurement," et qu'enfin " le côté du thorax, de l'abdomen, et des fesses passent l'un après " l'autre, faisant une glissade énorme sur le perinée, jusqu'à ce " que les fesses et les jambes furent complètement délivrés." Mais aussi faut-il bien se garder de ne pas trop se fier à tel évènement, même là où l'opération de tourner l'enfant serait difficile ou même dangereux, car il ne faut jamais se dispenser d'en faire l'essai, tant que la situation de la femme le permettrait. " L'expulsion " spontanée est toujours plus ou moins dangereuse à la mère, " et presque certainement fatale à l'enfant." Si, comme dans le cas que vous citez dans vos interrogations, il y a non seulement prolapsus du cordon, mais aussi une hémorrhagie abondante, le temps devient précieux, et l'accoucheur devrait procéder sans délai à chercher les pieds—mais en faissant cela, il ne faut pas qu'il essaie à remonter le bras—encore moins sera-t-il nécessaire de l'amputer à l'épaule.

Quand àvotre interrogation en rapport à l'opération de " *Craniotomie*" dans un cas de " présentation du bras, en totalité hors de la vulve, nous ne pouvons pas en concevoir la possibilité.

Ce qui nous semble assez semblable à votre cas, en en exceptant l'hémorrhagie, est ce que dit le Dr. Merriman. "Il pourrait se faire, " que les eaux ont été évacuées bien de bonne heure, que l'os uteri " est plus ou moins dilaté et que les douleurs sont fréquentes, et bien " fortes. Dans de telles circonstances il serait probablement inutile " de tenter l'opération de tourner, et l'essai serait accompagné " de grand danger pour la mère. Alors il ne reste rien à faire que " de guetter la malade attentivement, et d'attendre ou jusqu'à ce " que l'utérus s'étant épuisé par de vains efforts à expulser l'en- " fant, devient torpide, et incapable de s'exercer d'avantage ; ou " il faut diminuer la vigueur du système par la saignée et autres

" moyens déplétants, ou diminuer l'action utérine par une forte " dose de Laudanum." Le Dr. Hamilton recommande ce dernier moyen, et donne 80 gouttes pour une dose. Mais si, en conséquence de l'empactement de l'enfant, ou de la rigidité des parties de la mère, et si surtout celles-ci deviennent enflées et enflammées ; si les efforts de la mère deviennent épuisées, et que la faiblesse survienne ; si l'essai de tourner l'enfant a été tenté judicieusement sans effet, il ne nous reste pour choixque l'opération *d'Embryotomie.*

Par ces remarques nous croyons avoir répondu à ce qui regarde spécialement le cas en question, quand à votre 7ième interrogation la contraction de l'utérus est ce qui arrive toujours après sa rupture, si en même temps il se débarrasse de ce qu'il contenait— mais aussi la rupture est-elle bientôt reconnue par des symptômes décisifs, tels qu'une douleur accompagnée d'une agonie particulière immédiatement suivie d'une hémorrhagie et d'une cessation subite des tranchées.

EDS. G. M. M.

MESSIEURS LES EDITEURS,

Si l'observation pathologique suivante mérite la publication, vous en avez le plein pouvoir. Je prie seulement les lecteurs d'avoir l'indulgence d'en excuser le style.

Le 5 Juin 1844 vers 2½ heure P. M. je fus appellé auprès d'un individu du nom de Flood, agé d'environ 50 ans. demeurant à environ une demie lieue de chez moi. C'était un homme d'une haute stature et d'un temperament sanguin. Je le trouvai couché en supination, ne pouvant à peine parler, tant sa respiration était génée. Il me dit avoir été battu la nuit précédente par un certain M..... dans une taverne. Il me montra d'abord des plaies à la tête, au nombre de deux, l'une vers l'angle antérieur et supérieur du Coronal gauche l'autre du même côté près la fontanelle postérieure. Ces solutions de continuété avaient été produites, disait-il, par des coups de bayonette. Il y avait lacération du cuir chevelu seul. Ces déchirures n'indiquaient aucun danger, aussi furent elles guéries en peu de jours par le traitement le plus simple. L'inspection du pouls montrait quelque chose de grave. Il était vif dur et très élevé. La face était animée, la conjonctive injectée et les yeux saillants, la langue couverte d'un enduit blanc et très épais elle était rouge sur les bords et très pointue, la soif cependant était modérée. Il avait grande peine à respirer, son expression était " qu'il étoufait." Il me dit avoir reçu des coups dans la poitrine et l'abdomen, et qu'il croyait avoir des côtes fracturées. En écartant les couvertures, et voulant le palper, j'observai un emphysème général du côté gauche du thorax et l'abdomen, s'étendant depuis un peut plus haut que la clavicule jusqh'à la

ligne blanche. J'ordonnai au patient de se lever, il ne le put seul il fallut l'aider, ce mouvement le fit souffrir beaucoup et augmenta la dyspnée. L'emphysème en arrière occupait tout le dos depuis la base de l'occiput jusqu'au sacrum. Je fis toutes les investigations possibles, pour m'assurer s'il n'y avait pas fractures des côtes. Toutes mes recherches furent vaines. Les côtes étaient à l'état normal. Poussant mon examen plus loin, j'apperçus plusieurs contusions et ecchymoses sur le thorax et l'abdomen, sans pouvoir me rendre compte de l'emphysème. Enfin je vis près de l'insertion du grand pertoral gauche, un petit caillot de sang que j'enlevai incontinent. Qu'elle ne fut pas ma surprise, d'appercevoir une plaie triangulaire de la forme d'une bayonette, par laquelle s'échappa avec bruit une grande quantité d'air. Depuis cette ouverture jusqu'au mamelon, l'emphysème était plus considérable, la pression plus douleureuse, et le creptus produit par l'infiltration de l'air dans le tissus cellulaire, était plus marqué qu'allieurs. Une sonde ordinaire, que j'introduisis dans toute sa longueur laissa échapper une grande quantité d'air avec beaucoup de bruit. La direction que prit ma sonde était de gauche à droite, de dehors en dedans et de haut en bas. Je craignis d'employer une sonde plus longue, en égard à l'hémmorrhagie que j'aurais pu produire.

Mon diagnostic fut que le parenchyme du poulmon avait été lézé et que quelques divisions des bronches avaient été perforcés.

Le pronostic était facheux.

Le traitement que j'employai fut on ne peut plus antiplogistique comme on peut le penser. Je débutai par une saignée copieuse, jusqu'a syncope. Je donnai le sulp magn ; Le nit pot ; enfin tous les raffraichissements ; j'ordonnai la diète la plus abstème. Je tins la plaie extérieure béante au moyen de tente. Je prescrivis la pression extérieure au moyen d'un bandage en doloir.

6 Juin. Je reiterai la saignée par d'eux fois, j'augmentai la pression, prescriptions raffraichissantes telles que la veille.

7. L'emphyseme avait considérablement diminué, la respiration était plus libre, les symptômes généraux améliorés,—même traitement sauf la saignée.

8. Amélioration générale plus marquée,—même traitement.

9. Mieux plus tranché encore, seulement, il y avait eu pendant la nuit insomnie et frissons. Je donnai un anodin et des antimoniaux.

Du 10 au 16 les symptômes inflammatoires et l'emphysème, disparaissent tous les jours par dègré, je suspendis lde même, e regime antiplogistique, car le malade était très réduit.

17. Le malade étant parfaitement rétabli, il reprit ses occupations usuelles (celles d'armurier.) Je cessai de le voir et il partit bientôt après, pour le haut Canada, en parfaite santé.

T. KIMBER.

Chambly, 20 Février 1845.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

GENTLEMEN,—Having observed in the 11th number of the Medical Gazette, "some remarks on Bronchoceleor Goitre" which you have transferred from the pages of the London and Edinburgh Medical Journal; I take the liberty of noticing an assertion therein which I conceive is not supported by facts, and which if permitted to occupy your pages unnoticed would be tacitly admitting its correctness and giving it confirmation and authority. I allude to the statement that this "unsightly disease" "has in consequence of the clearing of the woods, *entirely disappeared* from certain parts of North America," where it had previously greatly prevailed, upon which assertion the author bases a novel opinion as to the origin or cause of the malady. It would be a very unnecessary waste of ink and time, to tell you or your readers, that our good City and other populous towns and "clearances" of North America still exhibit very numerous and aggravated cases of "the unseemly malady," and that many of these cases (even at the present day,) originated in immigrants from the "Old World," after their arrival here, who have from the first located in our Cities, and have never exposed themselves to any of the more acknowledged evils, of the primeval forest; I therefore think the author must look to other causes before he is likely to discover the unknown source of this malady, its prevalence in "Merry England," on the summits of the Alps, or on the Hymalayha Mountains, as well as in Southern or Northern America, refute the idea of its dependence on the damp and close atmosphere of the forest. I shall pass over the fancied connection between Goitre and Rheumatism, which the author notices, as I have not remarked their association. I would however take the liberty of noticing a rare circumstance which I met with about three years ago, viz: a case of congenital Goitre, only two cases of which I can find on record. The patient was brought to me two days after birth, in consequence of a considerable tumor on the front and sides of the neck, occupying the situation of the thyroid body, the hypertrophy still remains, as nothing has been done for it, a tumor of somewhat similar character likewise arose on the mother's neck, during her puerperal state, a few months before her accouchment, which I believe has wholly or in great measure disappeared. I notice this rather extraordinary coincidence, without in any way attempting to theorize, or speculate on these mysteries.

I am Gentlemen,
Your Obedient Servant,

J. CRAWFORD, M. D.

St. James Place, 17th Feb. 1845.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

Darby-House, Stamford, C. W. Feb. 5th.

GENTLEMEN,—I have addressed the Honorable, the Attorney General Smith on the proposed Medical Bill, now before the House, for the purpose of entreating him to delay the passage of the Bill until the next Session, when the sense of the profession can be obtained, by calling public meetings at Toronto, Kingston, and other large towns,

as in England. I have also urged the Attorney General to copy three clauses of Sir James Graham's new bill, containing the Registry, inability of non-registered Practitioners to hold Medical offices, give evidence in Courts of Law, sue for fees, penalties &c. in addition to which I have recommended that all examinations for Diplomas *be public*, as in the "Concours" in Paris, where the Candidates are compelled to perform dissections, operations, &c. on the body.

To myself individually, these changes can be of trifling importance, I should wish, however, to see in the country of my adoption, the Profession of Medicine placed on the highest pedestal of integrity, honor and skill ; but, which the present Bill, if not much altered and improved, will do little to effect.

I respectfully urge you gentlemen, to render every assistance in your power to prevail upon the Attorney General Smith to do an act of justice to the Profession, by delaying this proposed Bill.

I remain,

Yours very respectfully,

J. M. MEWBURN,
M. R. C. S. London.

We cordially agree in the suggestions of our corresponhent, but altho' we have reason to fear, that the Bill as now proposed will not be much improved this session, yet, we live in hopes, that with the establishment of a general Medical Association in Canada, all the subjects above referred to and *many others* affecting the interests of our Profession will be canvassed and settled before the next session of Parliament. Our correspondent may rely on *our* not hybernating during the interval.—*Edrs. M. M. Gaz.*

PECULIAR AFFECTION OF VISION.

BY DR. VON IFFLAND.

June 10, 1839.—J. M. The vision of both eyes is considerably impaired ; with the right eye he can read with exertion at the usual distance ; the print, however, appears very soon indistinct, but after closing the eye for some time, he again sees distinctly. With the left eye, he can discover paragraphs but not the letters. The eyes have a peculiar expression, less lively than usual. No speck nor opacity can be perceived within the cornea. The pupils appear dilated, but very slightly—they contract almost equally in both eyes on the approach of light. He feels no pain except occasionally over the right eye. He first observed indistinctness in this, about a year ago ; it began with the appearance of black spots floating before him. He has had also shooting pains of his head, principally over the eye. About four months previously to his consulting me, the left eye became affected. The right has since been better. He was obliged to leave his professional avocations, about three months since. The indistinctness of vision, has varied much on different days. He has lately had a blister to the back of his neck, and to his left temple, which produced much relief to the pains in his head, but, his sight continues as before. He

is not in general, healthy, very much subject to headach, and has complained of his bowels for many years.

11*th June*,—Appli. Front. Super cilia veiscator duo falciformia.

12th,—Thought he saw rather better this morning.

R. Sol. Tart. antim. dr. 2. aq: menth, pip. oz½. M. capiat ter in die.

13th.—Continues as before.

Cont. sol. tart. ant. capiat h. hor. tertiâ post merid atque iterum hor. 8va.

14th,—He feels no nausea from his medicine.

Augeatr. sol. tart. antim. gj. 3oz. capiat ut antea

16th,—Feels a little weakness for some time, after taking the medicines, but it presently goes off.

17th,—Continues the same—contr. med. et. applicetr. Vesicat, fronti supercilia ut antea.

From this day to the 21st remained much the same. Continued the medicine.

21st,—Says his left eye is much better. Contr. sol. Tart. antim.

22nd,—Not much better. Eliciantur scint. Elect. fronte et temporibus quotidie.

From this day to the 26th improved. To continue the medicine.

26th,—Nostrils very dry. Hauriat naribus omni nocte pulv. asari gra. v. contr. alia. Eliciantr. scintill. electric æ. frote et temporibus quotidie.

30th,—Is much better with the left eye, and says that he can see with it, as well as the other. Complains of soreness of his ears, throat side of his nose and cheeks, passes some blood from his nose in the morning.

Omittr. Pulv. asai—contr. sol. Tart. antim.

3rd *July*,—His sight is greatly improved, pain above his eyes has greatly abated, but maxillary and sublingual glands are much swollen and very sore. Contr. sol. Tart. antim. Repetr. Elictricit etiam.

4th,—Sees perfectly well, and can now attend to his professional avocations.

MEDICO-CHIRURGICAL SOCIETY.

8th February, 1845.

DR. CRAWFORD IN THE CHAIR.

The very interesting case of Ramollissement of the Brain, communicated by Dr. C. will be found in another part of this Journal.

The following resolutions were submitted by Dr. Badgley for the adoption of the Society, and are to be taken into consideration on Saturday the 8th March next.

I, *Resolved*, That with a view to carry out the objects originally contemplated in establishing this Society, and that the Members of the profession generally, scattered through this extensive Province, may feel that there exists a centre round which they can rally, it be proposed to the Toronto Medico-Chirurgical and the Quebec Medical Societies, that a General Association be at once formed, under the name of the "The Medical Association of Canada;" and that the mem-

bers of the existing Societies and of all such others as shall hereafter be formed for the same purpose, be considered de facto members.

II, *Resolved*, That the objects of this General Association shall be; The advancement of Medical Science in the most extended sense of the term, but especially, the acquisition of statistical information regarding this country, as tending to settle the mean duration of life, under the peculiarities of climate, geographical position, geological structure, and atmospherical influences. The protection of the interests of the qualified and licensed practitioners against the inroads and usurpations of the unlicensed.—The establishment of that union and good feeling among the members of the profession which should characterize men engaged in the same pursuits and animated by the same desire to see their profession in Canada occupy its merited position, and the formation of a fund for the relief of incapacitated or decayed but deserving members, their widows and orphans.

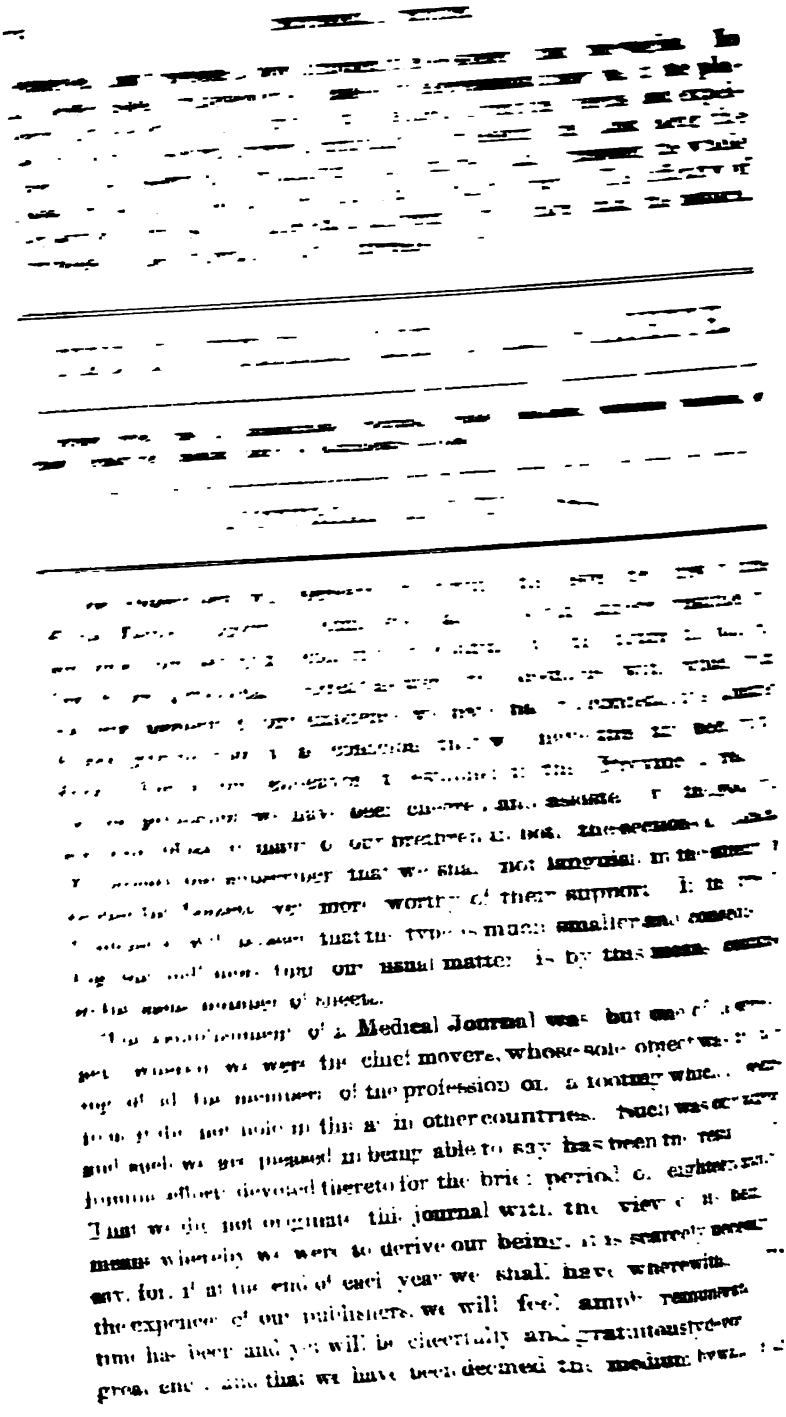
III, *Resolved*, That the association shall meet in each successive year at a City or town in Eastern and Western Canada,—that the members of the different branch Societies who shall be present at the annual meetings represent the Societies to which they belong, respectively—that members of the profession not belonging to such branch Societies shall be admitted into the association by ballot, on presentation of the degree, diploma, or license under which they are practising, and that the transactions of the Association be yearly published under the supervision of the respective Committees who have conducted the investigations to which the several papers refer, and of a general committee of management.

IV, *Resolved*, That the annual subscriptions be devoted to meeting the necessary expenses attendant on the publication of their transactions and the ordinary business of the Society, and to offering prizes for the best communications on subjects of interest to be determined upon at the annual meetings.

V, *Resolved*, That members of the Profession not being already members of the existing Societies or of any of the Branch or District Societies to be hereafter formed, be required to pay, in addition to their annual subscription, an entrance fee: but that a strong recommendation be made for the establishment of such District Societies with a view to their general amalgamation.

RETAINED PLACENTA.

Dr. Robert Lee has recorded in his *Clinical Midwifery* the histories of seven fatal cases of retained placenta, and nineteen in which more or less difficulty and danger were produced from portions of the placenta or the entire mass being left within the uterus beyond the usual period. The best method, he says, of preventing the occurrence of similar accidents, is to apply the binder immediately after the birth of the child, to make pressure with the hand over the fundus uteri at short intervals, and slight traction upon the cord downward and backword in the direction of the hollow of the sacrum. By these means the upper part of the uterus usually goes on contracting till the placenta is



detached, and pressed down through the os uteri into the vagina. In all these cases, whatever the cause of the retention may be, if the placenta at the end of an hour is not detached from the uterus and expelled, it should be withdrawn artificially by passing the hand along the cord to its insertion, expanding the fingers, and grasping the whole mass, or as much as can be seized and brought away. The difficulty of removing portions of placenta, adhering with more than the natural firmness to the uterus, is only increased by delay.

THE MONTREAL MEDICAL GAZETTE.

Omnes artes, quæ ad humanitatem pertinent, habent quoddam commune vinculum, et quasi cognatione quadam inter se continentur.—Cicero.

MONTREAL, MARCH 1, 1845.

Our subscribers will perceive that with this issue the first volume of the Medical Gazette is completed, and it is with sincere gratitude we announce our being in condition to continue for the future the publication of our periodical. Great as were the obstacles with which from the first moment of our existence we have had to contend, it is a matter of real gratification to be conscious that we have thus far been victorious : that in our endeavors to establish in this Province a real love for our profession we have been cheered and assisted by the good will and kind offices of many of our brethren in both the sections of Canada. We assure our subscribers that we shall not languish in the attempt to render the Gazette yet more worthy of their support. In the present Number it will be seen that the type is much smaller and consequently that one half more than our usual matter is by this means contained in the same number of sheets.

The establishment of a Medical Journal was but one of a series of acts, wherein we were the chief movers, whose sole object was the placing of all the members of the profession on a footing which it seemed to us it did not hold in this as in other countries. Such was our purpose and such we are pleased in being able to say has been the result of the humble efforts devoted thereto for the brief period of eighteen months. That we did not originate this journal with the view of its being the means whereby we were to derive our being, it is scarcely necessary to say, for, if at the end of each year we shall have wherewithal to meet the expences of our publishers, we will feel amply remunerated ; our time has been and yet will be cheerfully and gratuitously devoted to the great end : and that we have been deemed the medium by which things

medical may be influenced, if not guided, the number of letters received touching the Medical Bill fully attests. In the course followed by us we have nought wherewith to upbraid ourselves, no whispering tongues can question our hearts, where is your honour ? without their receiving an approving answer; no still small voice can whisper to our conscience without receiving the echo of a mens conscia recti. Not one sentence which we have penned would we not again record.

A title page and index will be forwarded next month with the first Number of the 2nd Vol. We send with blue paper envelopes the Gazettes of those persons who have not paid their year's subscription, and we hope that they will remit us with as little delay as possible the amount; to each individual the 15s. can be of but little moment, but collectively to ourselves the sum total is of material importance.

We beg to call the particular attention of our readers to the series of resolutions to be submitted to the Medico-Chirurgical Society of this city for adoption, on Saturday next by Dr. Badgley. The more our attention and thoughts are directed to the consideration of the subject, (and it is one which has engaged our serious and anxious meditation for the last nine months,) the more do we become convinced of the absolute necessity that exists for establishing a Medical Association in this Province. It *used* to be a reproach against our profession in Great Britain, (and it is with good reason urged by the laity in this country at this day,) that there is no body of men, among the members of which such rank jealousy, hatred, and malice appear to exist as among ourselves, such want of unanimity, such entire absence of professional etiquette—not to say, of even gentlemanly bearing the one to the other. The reason of all this is sufficiently obvious. In the ordinary affairs of life, the knowledge of a man's acts being liable to a strict scrutiny at the bar of public opinion, will frequently prevent him from being guilty of the commission of a misdemeanor, which he would not hesitate to perpetrate, if the eye of his neighbours could be securely blinded from beholding it ; but, in our profession, from the fact of there being no such controlling influence exercised by the body at large, men are emboldened to act towards their neighbours in a manner not only disgraceful to themselves, but insulting to the race to which they belong. The establishment of the various associations in Great Britain, all bonnd by one indissoluble cement, has wiped away for ever this stain against our profession in that country rendered dear to us from a thousand reminiscences. The establishment of a similar association in Canada will, we trust, strike at the first offshoot of such vices, and have the effect of, for ever, absolving our brethren from an imputation, with but too much

reason cast against them. It was our intention, when we began to pen this article, to have discussed all the objects coming within the scope of the subject. Our space will not permit us to do so in this number, but in our next, we will review the whole matter, and see what has been done in the land of our fathers by the promotion of these associations. It may be urged, that the objects for which these associations were formed in Great Britain are in a fair way of being realized, we mean the obtaining of medical reform, and that they will cease and determine. Now we do not believe in any such thing; so complete a revolution has been achieved in the moral circumstances of the profession, by exciting kindlier feelings among its members, the one towards the other, that they will still persist and act as a powerful check upon the unruly spirits which have found and will ever continue to find their way into our ranks. But if the reform of acknowledged abuses be likely to be carried out in the old world through their instrumentality, surely it is desirable, that they should be originated and prosper in the new, to prevent the necessity of obviating that which it is boasted, (but the truth of this is not satisfactorily established in our minds,) does not exist here.

The Bill to incorporate the College of Medicine and Surgery in this city was discussed on Monday night and passed the lower House by a large majority.

Indeed there seemed to be scarce a dissentient voice on the principle of the Bill, but on some of the clauses there were: the first which elicited argument was that which prescribed the name of the incorporation; that proposed was a College of Medicine and Surgery,—a designation by which the school has been recognized for the last twelve months. The Honorable Attorney General East, proposed an amendment to the effect that the word "College" be struck out and that of school substituted. After some discussion in which Messrs. Smith, (Missisquoi,) Smith (Frontenac,) Hale, Moffatt, Dunlop, Berthelot, &c. took part,—the amendment was put and lost by a majority of twelve, (23 to 35,) the original clause remaining unaltered; the next five clauses relating to the amount of property (£5000) number of lectures (120) &c. were passed without comment; a few words were spoken as to the name to be given to the certificate or testimonial to be granted by the College to its students, objections being made to diploma Mr. Scott, the introducer of the Bill expunged that word and certificate or testimonial being unchallenged the clause passed without further interruption; not so however, that in which according to the Bill it was rendered obligatory on the Medical Board to examine those presenting the certificates of the new College for approval or endorse-

ment; Mr. Scott proposed as an amendment that the words "if necessary" be inserted; thus removing the compulsory action of the clause, yet leaving the members free to examine or not, the candidates as they might deem necessary; the amendment per se, was of trifling importance, yet on it the longest debate was held: the opposition arguing that the advantage conferred was too great, while those in favor of it maintained that it was but a seeming advantage of no practical benefit to the candidate but a conferring upon the examiners the power of exercising their judgment; in this, those gentlemen already mentioned, together with Messrs. Roblin, Wilson, Aylwin, and Sherwood, were engaged, on the amendment being put it was carried by a majority larger than that which negatived the question of College. It had been stated during the debate that a Provincial Parliament could not confer the powers specified in the bill; Mr. Roblin was of a contrary opinion and maintained his position by producing a precedent, that of Victoria College, of Cobourg, C. W. Indeed these were during the whole period of the arguments the lapides offensionis.—College and diploma—being by the opposition confounded with University and degrees; not a sentence in the bill can be construed into asking for power to grant degrees—and no one will dream of accusing the College of being desirous of being or of becoming attached to, an University—Dr. Dunlop "expressed himself as being strongly in favor of the "Bill; he had, he said, at first been opposed to the new institution "and had expressed his disapproval of the petition when presented to "the House, because he had been led to suppose that its sole purpose "was the manufacturing of doctors by steam, and that thus prejudiced "he had been named on the Committee appointed to report on the mer-"its of the petition, but he was pleased to be able to acknowledge his "prejudice unfounded, for while sitting on the Committee he had sat-"isfied himself that the claims of the petitioners were just and that the "course of instruction followed at that school was good, that he had "been present at one of the lectures and would gladly have attended "twenty, and therefore, that from what he had himself seen he was "confident that all the requirements necessary to teaching the dif-"ferent branches of the profession were present." Than this open, generous expression of a maturely formed verdict there cannot be anything more gratifying to us and the other lecturers in the new College; we value it the more highly not only because it was the judgment of a man, one of the most talented in the country, but because it was unbiassed,—unsolicited—spontaneous—uninfluenced by any grovelling vis a tergo; and if from any cause the bill as passed by a large majority of both sides in the Lower House, be rejected by the Legislative Council, we shall in our disappointment cherish the recollection and speak with gratitude of his decision.

Our limits do not permit of our entering more at length into the debates, we shall but state that the issue was by far more flattering than we could have hoped; for, though we counted with certainty upon a majority, we did not anticipate that it would be so large a one; and we take this occasion solemnly to avow that we have not solicited the vote of a single member, that we implicitly relied on the merits, for the success of the bill; and that whatsoever may be the fate of the measure we have reason to be self gratulatory when we feel that we have not been guilty of pusillanimous sycophnacy—a modus operandi peculiar to our worthy adversaries; who seek to enlist the sympathy of members by declaring that our rise must inevitably produce their fall. And has it come to this? is it their poverty or their will which thus consents to cringe and beseech usque ad nauseam for protection from the inroads of an ostrogoth establishment, which a few short months ago was treated with ridicule and contempt and styled a pseudo attempt. Who not satisfied with a maintaining power of five hundred pounds, modestly crave an additional momentum of five hundred pounds to drive the vis inertiæ of their machinery. This too not without further assistance from without, all difficulties—all obstructions must be razed, and the path once levelled the wheels will revolve for six months—verifying the adage vires acquirimus eundo. Now the New College pray not for a motive agency—ask not subsidies, claim not immunities—demand not endowments—seek not privileges inconsistent with the spirit of the British Constitution: it has its own connate impulse, its own acquired wealth, its reputation, its own resources in itself; it solicits a boon which will affect the French Canadian Student, and it respectfully applies for the priveleges in the bill, because a measure is about to pass in the Houses by which it will be compulsory on the student to attend lectures: how are those who do not understand a word of English to be taught in that to them unknown tongue?

We may have occasion on some future opportunity to again touch upon this subject; in the meantime we regret to inform our friends in Quebec, that the serious illness of Dr. Taché has prevented the introduction of their bill, it is, however, about being taken up warmly, we understand, by a member who feels a deep interest in the success of these Schools in the Province.

ON THE CAUSES AND TREAMENT OF UTERINE HEMORRHAGE, IN THE LATTER MONTHS OF PREGNANCY.

BY ROBERT LEE, M. D.

The placenta may adhere to any part of the inner surface of the uterus, and flooding never takes place during pregnancy, unless the placenta has been separated from the uterus. When the connection

between them is destroyed, blood flows from the open arteries in the lining membrane of the uterus, and from the great semilunar-shaped openings in the veins, until the uterus contracts, and coagula of the fibrin are formed. The contractions of the uterus, and the formation of the clots within its cavity, and in the orifices of the arteries and veins of the uterus, after the separation of the placenta, are the principal means employed by nature for arresting the flow of blood. The semilunar or valvular-like edges of the veins at their termination in the inner surface of the uterus, are well adapted to ensure the effect of arresting the current of blood through these passages by the contraction of the fibres with which they are everywhere surrounded. All the different efficient means which have been recommended for checking the discharge in uterine hemorrhage, operate either by exciting contraction of the uterus, or by promoting the coagulation of the blood itself within the vessels. The placenta is most frequently attached to the upper and posterior part of the uterus, but in some cases it adheres to the circumference of the internal orifice, and from this peculiar situation of the placenta, arises one of the most dangerous varieties of flooding in the latter months of gestation.

In 1609, Guillemeau stated that the placenta sometimes presents or comes before the child, that this gives rise to a dangerous hemorrhage which nature is unable to suppress, and that the most safe and expedient means of arresting it, is to deliver immediately by passing up the hand into the uterus and turning the child. He has made no observations from which it can be inferred that he believed the placenta to have been originally adherent to the upper part of the uterus, and to have descended thence to the cervix. This was an erroneous hypothetical opinion adopted by Daventer at a much later period. In those cases of uterine hemorrhage in which the placenta did not present, but had been detached from the fundus uteri, Guillemeau had likewise recourse to artificial delivery, and for the knowledge of this practice he states that he was indebted to Ambrose Paré. The symptoms and treatment of cases of placental presentation were accurately described by Mauriceau, and in all cases of hemorrhage from this cause he recommends immediate delivery. He has related seventeen cases of uterine hemorrhage in the latter months of pregnancy from presentation of the placenta, and in sixteen of these delivery was accomplished artificially by passing the hand through the opening formed by the separation of the placenta from the uterus, rupturing the membranes, and turning the child. Two women died after the operation, and one who would not consent to have it performed, died undelivered. Mauriceau has likewise recorded the histories of thirty-seven cases of uterine hemorrhage, in which the placenta did not present, but had adhered to the upper part of the uterus, and been afterwards detached.—Twenty-one of these cases occurred before 1682, and in most of them he delivered artificially by turning the child, as he had done in the sixteen cases of placental presentation, and as Paré and Guillemeau were accustomed to do in all cases of flooding in the latter months of pregnancy. On the 9th June, 1682, he says, "I delivered a young woman in the eigth month of pregnancy who had uterine hemorrhage caused by a violent fall upon the knees four days before. During the whole labour she had only slight pains in the abdomen which produced

no effect. As the hemorrhage was moderate, and the uterus was gradually dilating, I committed the labour to nature, contenting myself with rupturing the membranes of the child." There is no account given of the circumstances which induced him to make this important change in the treatment of cases in which the placenta did not present, and to adopt that improved method of treatment which was at a later period so strongly recommended by Puzos, and considered by him as his own discovery. In eight cases Mauriceau ruptured the membranes and left the labour to nature with the happiest results. He recommends the same practice when hemorrhage occurs in the first stage of labour.

Portal's Treatise, 1685, contains an account of eight cases of uterine hemorrhage, in which he found the placenta not merely at the mouth of the womb, but adhering to the whole neck of the uterus. In several of these cases he left the placenta adhering all round to the internal orifice of the uterus. In the account of his sixty-ninth case he says, "Je sentis l'arriere faix, qui se presentoit, et qui etoit fort adherant, et attaché à l'orifice de la matrice de toutes parts." In the histories of all the other cases, the same circumstance is expresely sta ed. In those cases the treatment employed by Portal did not differ from that which had been employed by Paré, Guillemeau, and Mauriceau, tthe propriety of artificial delivery by turning being then as completely established as at the present time, and the important fact demonstrated that the hemorrhage is produced by the placenta adhering to the neck of the uterus. Petit, Giffard, Ræderer, Smellie, Levret, and W. Hunter, were all well acquainted with the fact, and deduced from it the correct practical inferences deduced from it. Dr. Rigby states that "Giffard saw more than twenty cases where the placenta was found at the os uteri, but he plainly supposes that it had been originally fixed there, for he says, 'it is customary in floodings to find the placenta sunk down to the mouth of the womb." "I beg leave," says Giffard, in the history of his last case of uterine hemorrhage, 1731, "before I proceed to give any further account of the delivery, to give my opinion in a point of midwifery in which I differ from most authors that have wrote on the subject. It is generally believed that the ovum, after its impregnation and separation from the ovarium, and its passage through the tuba Fallopiana always adheres, and is fixed after some time to the fundus uteri ; in this case the placenta adhered, and was fixed close to and round about the cervix uteri, as I have found it in many other c ses, so that upon a dilatation of the os uteri a separation has always followed, and hence a flooding naturally ensues." "When I had passed my whole hand into the uterus, I found the placenta adhering all round the os internum, so that I was forced to separate it on one side to reach the membranes, which I tore." "The edge or middle of the placenta," says Smellie, "sometimes adheres over the inside os internum, which frequently begins to open several weeks before the full time, and if this be the case, a flooding begins at the same time, and seldom ceases entirely until the woman is delivered. The discharge may, indeed, be terminated by coagulum that stops up the passage; but when these are removed, it returns with its former violence, and demands the same treatment that is recommended above." "If in time of flooding," he adds, "she is seized with labour pains, or if by every

now and then stretching with your fingers the os internum, you bring on labour, by which either the membranes or head of the child is pushed down, and opens the os internum, the membranes ought to be broke, so that some of the waters may be discharged, and the uterus may contract and squeeze down the fœtus. This may be done sooner in those women who have had children formerly, than in such as have not been in labour before. If, notwithstanding this excellent expedient, the flooding still continues, and the child is not like to be soon delivered, it must be turned immediately; or if the head is in the pelvis, delivered with the forceps; but if neither of these two methods will succeed, on account of the narrowness of the pelvis or the bigness of the head, this last must be opened and delivered with the crotchet. In all these cases let the parts be dilated slowly, and by intervals, in order to prevent laceration." These are the most clear, concise, and accurate rules which have been laid down by any author, for the treatment of hemorrhage in the latter months of pregnancy, and in the first stage of labour.

Dr Lee relates thirty-five cases of placental presentation, in seven of which death took place "soon after delivery from loss of blood, and in six, at periods more or less remote from the time of delivery by uterine phlebitis, or inflammation of the deep structures of the uterus. In one with distorted pelvis the uterus was lacerated. In eleven there had been more or less rigidity of the os uteri, with dangerous hemorrhage, and turning was performed in several of them, where the whole hand could not be introduced into the uterus. The tampon or plug was not beneficial in any of them, and the ergot did positive injury. Rest in the recumbent position, and the application of cold were the only means found really useful in checking the hemorrhage till delivery could be effected. Dr. Joseph Clarke met with four cases of placental presentation in the Dublin Lying-in Hospital, one of which proved fatal. Dr. Collins met with eleven in 16,654 labours. Two of the women, where the children were turned, died. Dr. Ramsbotham has related nineteen cases of placental presentation, eight of which proved fatal. In five the placenta was only partially adherent to the cervix, and in three the expulsion of the placenta took place before the child. Out of one hundred and seventy-four cases of placental presentation recorded by different authors, Dr. Churchill states, that forty-eight proved fatal, or nearly one in three, and that in eighty-five cases of uterine hemorrhage where the placenta was at the fundus uteri, twenty-four proved fatal, or nearly one in three."

PUNISHMENT OF QUACKS IN OLDEN TIMES.

At a period when Quackery is prevailing to such an unprecedented extent amongst us, it may be of advantage to indicate some of the punishments that were formerly inflicted in England on these impudent impostors. We copy the following instances which we find recorded in a recent numcer of the *Provincial Medical and Surgical Journal*:—

"In Edward the Sixth's reign, one Grig, a poulterer, in Surrey, was

set in the pillory at Croyden, and again in the Borough of Southwark, during the time of the fair, for cheating people out of their money, by pretending to cure them by charms, by only looking at the patient or by casting his water.

"In the reign of the first James, the council dispatched a warrant to the magistrates of the City of London, to take up all reputed empirics, and bring them before the censors of the college, to examine how properly qualified they were to be trusted either with the limbs or lives of his Majesty's subjects.

"Dr. Lamb, a most noted quack, and who had got a large fortune by his pretended medecines, was at last obliged to confess he knew nothing of physic.

"Read and Woodhouse, two other contemporary quacks, were likewise brought to justice, and acknowledged the same.

"In Stowe's Chronicle we meet with a relation of a water-caster being set on horseback, his face to the horse's tail, which he held in his hand, with a collar of urinals about his neck, led by the hangman through the city, whipped, branded, and then banished.

"Fairfax was fined and imprisoned in King William's time for doing great damage to several persons by 'Aqua Celestis;' also one Anthony, with his 'Aurum Postabile;' Arthur Dee, for advertising medecines which he gave out would cure people of all diseases; Foster for selling a powder for the green sickness; Aires for selling purging sugar-plums; and Tenant, a urine-caster, who sold his pills at a pound each. Hunt was punished for putting up bills in the streets for the cure of diseases; and Philips, a distiller, for selling strong waters' inserting in the directions what they were good for, and how persons were to take them."

DIAGNOSIS OF INVERTED UTERUS AND POLYPUS.

BY M. LISFRANC.

In inversion of the uterus, the bladder and a portion of the intestines are lodged in the concavity formed by the depression of its fundus; if, then, a curved catheter is passed into the bladder with its concavity downwards, and its beak is directed to the most depending part of this organ, the extremity of the instrument will be readily felt by the finger in the vagina, if the case is one of inversion, unless, indeed, the intestines have become adherent to the womb in such a way as to prevent the catheter penetrating into the depression formed by the inverted organ—a circumstance of very rare occurrence. M. Lisfranc thinks, however, that the best way of discriminating between polypus and inversion of the uterus, is to seize and depress the tumour with two fingers passed into the vagina, and then introduce the index-finger of the other hand into the rectum; no tumour can be felt through the gut above the one which is grasped in the vagina, if the case is one of inverted uterus; but if, on the contrary, we feel through the rectum a second tumour, similar in shape to the uterus, above the vaginal tumour; then this latter tumour is a polypus. In one instance, indeed, M. Lisfranc was misled by this mode of examination; he diagnosticated inversion of the uterus, but the patient having died, a small fibrous tumour was discovered implanted on the uterus, which was flattened and reduced to the tenth part of its natural size.—*B. & F. Med. Rev.* July, 1844.

OPINION OF THE COLLEGE OF PHYSICIANS OF EDINBURGH IN REGARD TO THE SUPPRESSION OF QUACKERY.

As the sentiments which it expresses in regard to legal interference with Quackery, coincide with our own; and as the New York Legislature at its last session in relation to this subject, has rendered it one of interest to the profession in this State; we copy from a contemporary one of a series of Resolutions adopted by the Royal College of Physicians of Edinburgh relative to Sir James Graham's celebrated Bill "For the better regulation of Medical Practice in Great Britain:"—

"*Resolution 5th.* That the college have, with regret, observed that the part of the Bill which proposes to abolish the practice of prosecuting unlicensed and unqualified practitioners, has given rise to great alarm and a good deal of opposition. The college are inclined to doubt the practicability of restraining unlicensed practice by penal enactments, or the expediency of attempting to do so by such means, and in this view they are strengthened by the fact, that such powers, although vested in some of the public bodies in Scotland, have for many years been allowed to lie dormant without any practical inconvenience. But notwithstanding that these are the sentiments of the college, yet, if it shall appear that it is the desire of a large proportion of the intelligent members of the profession. to attempt to restrain such practioners by penal enactments, rather than endanger the final success of a measure otherwise so beneficial, the college are disposed not to urge strongly their opinions on this head."

ABSCESSES OF THE LIVER IN ALGERIA.

A letter to the Academy from M. Ferrin, army-surgeon in Algeria, contains the following statement: "The intermittent, remittent, and continued fevers, which attack the inhabitants of Algeria, at first disturb the entire economy, without affecting any particular organ. If the attack persist or return, it is followed by congestions and hypertrophies of the viscera, especially of the lungs, the spleen, and the liver; thus it is evident that these accidents are the effects, and not the causes, of the vital reaction. Abscesses often form in the liver, as in the East Indies. We have had twenty illustrations of this pathological fact during the present year. In one case an abscess opened into the bronchi; the patient having died, the progress of cicatrization was found to be considerably advanced in the liver."—*London Lancet and Boston Medical and Surgical Journal.*

PROLAPSED UTERUS—PREGNANCY.

Dr. P. Darbey, of Drogheda, has communicated to the *Dublin Medical Press*, (Nov. 6, 1844,) the case of a woman forty-two years of age, who, having had *prolapsus uteri* for some years, and being now for the seventh time pregnant, was suddenly seized on the 23d. August, with labour pains. On examination, Dr. D. found, on his arrival, the uterus lying between the patient's thighs, presenting a livid appearance, and the os uteri having a dry feel, and no symtoms of dilatation. The labour pains were strong, violent cramps in the lower extremities.

Dr. D. immideately took thirty ounces of blood from the arm, and administered the following draught: R aq. menth. sativa, oziss.; tinct. opii. acetat. gtt. 4 ; syrup cort. aurant. 3ij.---M.: which procured some rest, and appeared to have checked the cramps and other bad symptoms. After a comfortable repose of two hours, labour pains returned, the os uteri gradually dilated, with a sufficiency of mucous secretion, and a healthy but small-sized child was born. The placenta followed after a short time, and the uterus being replaced and suitably secured, nothing untoward followed.

THE LATE MR. COLLES,

Lecturing on Tetanus, says:—

"'The face is very peculiar, and if once looked at with attention can never be forgotten. The forehead is wrinkled, both transversely and in the perpendicular direction, the eyebrows being drawn in a remarkable manner towards each other; the eyes are not fully opened; the nostrils more or less dilated; and the angles of the mouth drawn backwards and a little upwards. There is generally an expression of uneasiness, and slightly of apprehension; the mouth is not quite closed, and the teeth are seen; the body is sometimes hot and dry, but oftener the upper part is covered by perspiration, at times profuse.' Mr. Colles then remarks that, 'There is no disease which has been so often confounded with others as tetanus, although the symptoms are so well-marked. For my own part, I think the countenance would, in every case, be sufficient to distinguish it from all others. I never saw but one description of face, one tetanic expression of countenance; it is the same in all cases; it is the first thing that gives the alarm, and the last symptom to depart. Even where a patient recovers, and is able to go about his business, that tetanic face remains. I believe it never leaves him.'" —*Dublin Medical Press*, Jan. 31, 1844.

NOUVEAU PROCEDE POUR LA GUERISON DE L'HYDROCELE.

M. Ricord a communiqué à la Société de chirurgie de Paris des détails sur une opération par laquelle il supplée à l'injection vineuse ou iodée dans le traitement de l'hydrocèle. Ce chirurgien, après avoir fait ressortir ce que l'injection généralement usitée a de dangereux ou d'incertain, a décrit ainsi le mode opératoire qu'il propose, et qui peut s'exécuter de deux manières.

Le premier procédé, que M. Ricord appelle *procédé par suture en bourse sous-cutané de la tunique vaginale*, s'exécute de la manière suivante : On commence par reconnaître, à l'aide du toucher et de la transparence, la position relative du testicule et du liquide épanché dans les bourses; cela fait, on saisit la tumeur avec la main gauche et en la pressant on fait saillir le liquide en même temps qu'on retient le testicule en arrière. Alors on traverse l'hydrocèle d'un côté à l'autre avec une longue aiguille (on peut se servir de celle qu'emploient les femmes pour racommoder les bas); cette aiguille porte avec un fil double. Une fois qu'elle est sortie par le point opposé à celui d'entrée, on la fait rentrer par ce

dernier point pour la diriger sous la peau dans l'étendue d'un pouce ; puis on la fait sortir du même côté pour pénétrer de nouveau par la même ouverture et traverser cette fois la tumeur de part en part. En répétant sur le côté opposé de la tumeur la manœuvre et ainsi de suite selon l'étendue de la tumeur, on arrive à l'extrémité inférieur de la tumeur, et l'autre son extrémité supérieure. Alors, après avoir évacué le liquide par un coup de lancette donné dans la partie la plus déclive de la bourse, on place dans l'extrémité à anse un bout de sonde ou un rouleau de diachilon, et on lie les deux chefs de l'autre extrémité sur un autre bout de sonde ; en serrant les fils on fronce la tunique vaginale comme une bourse dont on tire les cordons, et cela sans prendre la peau avec elle.

Ce premier procédé, employé sur un seul malade, a parfaitement réussi ; cependant M. Ricord l'a abandonné à cause de la difficulté de son exécution, et il lui a substitué le suivant :

Deuxième procédé, *par suture enchevillée.* Avec une aiguille semblable à la précédente et armée comme elle d'un fil double, on traverse l'hydrocèle d'un côté à l'autre deux ou trois fois selon l'étendue de la tumeur, en plaçant ces points de suture à un pouce d'intervalle l'un de l'antre, puis on évacue la sérosité avec la pointe d'une lancette comme dans le premier procédé, et on place un bout de sonde de gomme élastique dans les anses des fils à suture, tandis qu'on lie les chefs de ces mêmes fils sur un autre bout de sonde ; on termine enfin l'opération en rapprochant l'un de l'autre les deux bouts de sonde; et en les serrant médiocrement on met la tunique vaginale en contact avec elle-même dans une certaine partie en contact avec le testicule dans le reste de son étendue. Les points de suture doivent être laissés en place pendant vingt-quatre heures.

M. Ricord trouve à ce procédé, auquel il s'est arrêté définitivement, de très-grands avantages sur la ponction suivie de l'injection quelque soit le liquide qu'on emploie. Il serait plus sûr, moins dangereux, d'une exécution plus facile, et enfin ne demande la présence d'aucun aide et la préparation d'aucun appareil. Déjà cette opération a été pratiquée sur huit ou dix sujets et elle a toujours parfaitement réussi.

MM. Malgaigne, Robert, Lenoir, etc., ont vivement critiqué cette opération, qui, suivant eux, n'est ni plus simple ni plus efficace que l'injection vineuse. D'autres membres ont pensé que, comme méthode exceptionnelle, elle pourrait peut-être quelquefois être employée ; mais il n'ont pu partager l'opinion favorable de l'auteur sur les avantages de son procédé. —*Journal de Med.*

HOTEL-DIEU.

Plusieurs malades appartenant au même service ont été soumis dans ces temps derniers au traitement des tumeurs blanches par les bains locaux. Ce moyen résolutif dont Boyer prescrivait l'em-

ploi avec succès, est mis en usage à l'Hôtel-Dieu. Aussitôt que l'état aigu a été combattu et dissipé à l'aide des antiphlogistiques, du repos et des frictions mercurielle, l'articulation affectée est immergée dans un bain local composé de la manière suivante :

Potasse.....200 grammes.
Eau tiède.....de 12 à 15 litres.

On renouvelle le bain chaque fois ; du reste, les malades se trouvent si bien de l'action de cet agent médicamenteux qu'ils n'ont aucune peine à tenir leur membre endolori dans l'eau alcaline pendant plusieurs heures par jour ; chez deux personnes affectées, l'une, de tumeur blanche du poignet, l'autre, de tumeur blanche du cou-de-pied, la maladie est non-seulement en voie de guérison, par résolution, mais on peut encore constater le retour des mouvements articulaires.—*Ibid.*

M. Martin Solon a appelé l'attention des membres de l'Académie sur un phénomène qu'il a observé chez quelques malades : c'est le pouls veineux, non dans les veines jugulaires, mais dans les veines dorsales de la main. Deux malades lui ont présenté ces pulsations. Tous deux étaient atteints de pleuropneumonie ; mais chez l'un les battements du cœur étaient très-forts, chez l'autre, au contraire, ils étaient faibles et le pouls n'offrait que 45 pulsations. Chez ce dernier, il est probable que l'extrême fluidité du sang aura été la cause principale de ce phénomène. Les battements observés étaient, du reste, parfaitement isochrones à ceux du pouls artériel ; on les rendait plus sensibles en comprimant les veines de l'avant-bras ; on en diminuait la force, au contraire, en plaçant les doigts sur l'artère brachiale.

Ce phénomène, après avoir duré quelques jours, a fini par se dissiper, et les malades ont très-bien guéri.

Tous deux avaient été saignés très-abondamment.

M. Martin Solon, en signalant ce fait aux praticiens, a fait remarquer que si le pouls veineux est dû à un excès de fluidité du sang, il doit engager, lorsqu'il se manifeste, à être sobre d'émissions sanguines. Cette fluidité, du reste, donnerait, suivant ce médecin, une explication satisfaisante de ce qui se passe dans ce cas, le sang traversant le système capillaire et pénétrant pour ainsi directement dans les veines par la seule impulsion que le cœur lui transmet.

Quelques membres ont contesté la justesse de l'explication donnée par M. Martin Solon. M. Cruveilhier a vu le sang sortir par saccade d'une des veines du bras. Il pense que cette saccade était produite par les battements de l'artère sur laquelle reposait la veine. Il en pourrait être de même des faits observés par M. Martin Solon, le système artériel pouvant, dans certaines circonstances, imprimer une secousse à toutes les veines.—*Gazette des Hôpitaux.*

Un riche habitant de Barcelone, don José Xifré, vient de donner à la municipalité de cette ville, une somme de 200,000 douros (un million de fr.) pour la fondation d'un hôpital de deux cents lits, s'engageant en outre à payer tous les ans une rente destinée à l'entretien de cet établissement.—*Journal de Médecine.*

Un accident qui a failli avoir de terribles suites, est arrivé à l'hôpital Saint-Louis. Sept femmes y prenaient un bain de vapeur, dans une étuve commune, lorsque tout à coup le couvercle de la chaudière s'est violemment détaché et a laissé échapper une quantité de vapeur si considérable et si intense que ces femmes sont tombées suffoquées. Les secours les plus prompts ont été donnés à ces malheureuses ; l'asphyxie, qui était imminente, a pu être prévenue, et les sept femmes en ont été quittes pour des brûlures, graves il est vrai, mais qui, grâce aux soins empressés que les victimes ont reçus dans l'établissement même, n'auront pas les résultats fâcheux qu'on aurait pu craindre.—*Ibid.*

M. Gillette a cité dernièrement à la Société médicale d'Emulation un fait assez curieux par sa rareté. Une dame de 87 ans, d'une santé habituellement parfaite, paraissant avoir 70 ans, et portant sur le front une cicatrice de variole coutractée au berceau, a été atteinte d'une variole confluente sur presque toute la face, avec tuméfaction. Les pustules n'étaient pas fortement ombiliquées ; mais elles se rencontraient sur la langue, sur le voile du palais et sur le pharynx.—*Ibid.*

M. Cruveilhier fait dans son service à la Charité une grand usage de limonade, d'acide et de sirop citriques, chez tous les malades qui présentent les charactères de la fièvre typhoïde. Ce practicien n'a que rarement recours aux émissions sanguines. Il considère comme inutiles les cataplasmes et autres applications topiques. Il ne prescrit jamais les purgatifs. Voici en quoi consiste toute sa méthode de traitement :

1° Une potion gommeuse additionnée de 30 grammes de sirop citrique prendre de deux heures en deux heures par cuillerée à bouche ;

2° Un lavement avec égale quantité du même sirop ;

3° Deux pots de limonade édulcorée avec le sirop de gomme ;

4° Diète complète jusqu'à parfaite disparition des symptômes de la maladie.—*Ibid.*

SINGULAR CASE OF FATAL INTRA-UTERINE HÆMORRHAGE.

Mr. Thompson records in the Medical Gazette, the case of a female who, having previously borne twelve children, had arrived at the close of the ninth month of pregnancy. As well as usual during the day, she passed a disturbed night. A midwife, sent for on the following morning, found labour commenced, and the presentation natural. The patient gradually became exhausted, and died, undelivered, in a few hours. Examined after death, the uterus was found to be

" Very large, and apparently filling the whole cavity of the abdomen, pressing the floating viscera strongly upwards and backwards ; these latter had a very bleached appearance, and all their vessels were empty. On raising the fundus of the uterus, an immense quantity of bloody fluid rushed from the vagina; and on cutting into the womb (the walls of which were very thin), we found that it still contained more than two quarts of fluid and grumous blood, mixed with large coagula, which completely surrounded the child, enveloped in its membranes entire, with the head in the brim of the pelvis.

" The placenta was wholly detached from the uterus, but the place

where it had been attached was evident enough, on the side of the womb, below the fundus; we examined this part very narrowly, but could discover nothing unusual in its appearance, or in that of the placenta.—*London Lancet.*

REMEDY FOR PSORIASIS.

BY JOSHUA WADDINGTON, ESQUIRE.

In the treatment of psoriasis diffusa, or palmaria, the best application is the ol. palm. cocc. (cocoa-nut oil), diluted with equal portions of ung. cetacii. The affected parts should be washed every night and morning with tepid *rain* water, then made quite dry, and the ointment applied lightly (with a camel's hair brush); over this, oiled-silk should constantly be worn. Pilul. hydr. sub. compt. (Plummer's pill), gr. x., each night at bed-time, wth liq. potassæ, m. xx. three times a day, are among the best *internal* means.—*Lan.*

NOTICES TO CORRESPONDENTS.

OSHAWA WHITBY,—We regret much to learn, that our three last numbers have not reached their destination; they have however, been regularly posted. They shall be again forwarded with this one.

BRANTFORD.—Our Correspondent's communication as well as its enclosure heve been duly received. The valuable hints contained in the former will be made available in the constitution of the Medical Association of which some notice will be found in this Journal.

LE DOCTEUR BOUDREAU,—Recevra les huit exemplaires de notre Journal pour ce mois. Si il veut bien nous faire la bonté de nous transmettre par le même medium cinq piastres, un reçu lui sera envoyé pour son abonnement pour l'année.

DR. MEWBURN'S practical communication with its enclosure have come to hand, the former was too late, however, for insertion in this No. It shall appear in our next, aud his wishes shall be attended to.

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Correspondents are requested to address the Editors, and in every instance prepay their communications.

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